

Case Number:	CM14-0211310		
Date Assigned:	12/24/2014	Date of Injury:	10/23/2006
Decision Date:	02/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This worker sustained an injury on 10/23/2006. He has chronic right hand and back pain. According to the 11/24/2014 primary treating physician's progress report, his diagnoses include chronic intractable low back pain secondary to lumbosacral degenerative disc disease, failed back syndrome, status post laminectomy, lumbar fusion, and removal of hardware, severe anxiety, depression, and chronic pain syndrome. His medications include Norco, Lidoderm, Lyrica, Soma, Docusate, and Omeprazole. On physical examination he had marked tenderness on palpation to his lumbar paraspinals. There was diffuse tenderness to his bilateral forearms. Phalen's test was positive on both sides. Motor strength to the lower extremities was 5/5. Light touch sensation was intact. It was stated that Lyrica was being used to deal with his neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Medication Lyrica; unspecified strength and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: Lyrica is an anti-epilepsy drug. This class of drugs is recommended for neuropathic pain. Lyrica, specifically, has been recommended for diabetic neuropathy and post herpetic neuralgia. A closely related medication, Gabapentin has been found beneficial in lumbar spinal stenosis. These medications also have an anti-anxiety benefit. Dosing begins with 50 mg three times a day for one week and may be increased to a maximum of 300-600 mg per day. In this case the medication is being appropriately used for neuropathic pain. Utilization Review certified with modification, Lyrica 50 mg 3 times daily. I agree this is medically necessary. The original requested dose is not available to me so I cannot comment on that. Lyrica without information regarding the dose cannot be determined to be medically necessary.