MAXIMUS Federal Services

Case Number:	CM14-0211867		
Date Assigned:	12/24/2014	Date of Injury:	11/19/2008
Decision Date:	02/19/2015	UR Denial Date:	12/05/2014
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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

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

The injured worker (IW) is a 70-year-old man with a date of injury of November 19, 2008. The mechanism of injury occurred as a result of being assaulted while at work. The IW sustained injury to his psyche including anxiety; posttraumatic stress disorder; neck pain; constant headaches; urological issues; and hearing loss with tinnitus. The injured worker's working diagnoses are chronic pain syndrome; neck pain; cervical strain; headaches; myalgia; tinnitus; and vertigo. Pursuant to the most recent progress reports in the medical record dated August 15, 2014, the IW complains of neck pain and headaches. He reports pain is better with medications and rest. Pain is worse with activities. Examination of the cervical spine reveals cervical muscle tightness from the occiput down into the upper trapezius and posterolateral cervical muscles. Strength is grossly intact at 5/5. Sensation is grossly intact. Reflexes are 2+. There is trigger point tenderness diffusely along the cervical spine from about C2 to C6. Current medications include Nexium 40mg, Citalopram 40mg, and Clonazepam 0.5 mg Alprazolam 0.5mg, Lyrica 150mg, Hydrocodone 10/325mg, Trazadone 300mg, Acyclovir 200mg, and Oxybutynin XL 10mg. The IW has been taking Lyrica since January 8, 2014 according to a progress report with the same date. There is no documentation regarding neuropathic pain in the medical record. There is no evidence of objective functional improvement associated with the ongoing use of Lyrica. The current request is for Lyrica 75mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Lyrica (AED).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lyrica 75 mg #90 is not medically necessary. Lyrica has been documented to be effective in diabetic neuropathy and postherpetic neuralgia. Lyrica (AED) is indicated for neuropathic pain. In this case, the working diagnoses are chronic pain syndrome; neck pain; cervical strain; headaches; myalgia; tinnitus; and vertigo. There were no subjective symptoms or objective findings on physical examination reflecting a neuropathic condition. Consequently, absent clinical documentation supporting a neuropathic etiology for the injured workers symptoms, Lyrica 75 mg #90 is not medically necessary.