

Case Number:	CM14-0214776		
Date Assigned:	01/07/2015	Date of Injury:	12/20/1998
Decision Date:	02/28/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/22/2014

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 50 year old male with date of injury 12/20/98. The treating physician report dated 12/12/14 (68) indicates that the patient presents with pain affecting the low back and lower extremities. The physical examination findings reveal a loss of lumbar range of motion accompanied with myofascial trigger points. Prior treatment history includes a transforaminal ESI facet joint injection, an MDE, and prescribed medications of Percocet, Zanaflex, Neurontin, and Prilosec. Current medications include Ambien, Cymbalta, Dexilant, Lyrica, Percocet, and tizanidine. The current diagnoses are: 1. Degeneration of lumbar intervertebral disc. 2. Lumbar radiculopathy. The utilization review report dated 12/19/14 (72) denied the request for 1 prescription of Lyrica 50mg #60 with 1 refill based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lyrica 50mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS, Antiepilepsy drugs pages 16-20, Pregabalin page 99 Page(s): 16-20 and 99.

Decision rationale: The patient presents with pain affecting the low back and lower extremities. The current request is for 1 prescription of Lyrica 50mg #60 with 1 refill. The treating physician report dated 12/12/14 (70) states, "The patient is having difficulty accessing medications and is having to pay out of pocket. With this, he also notes increasing low back and lower extremity pain. The patient remains maximally medically improved." The MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case, the patient has been diagnosed with lumbar radiculopathy and neuropathic pain in bilateral lower extremities. The physician has documented that the patient's pain has increased without medication usage due to non- certification and with medication the patient remains maximally medically improved. The request satisfies MTUS guidelines for Lyrica as stated on page 99 and benefit from medication usage per MTUS page 60 is documented. Recommendation is for authorization.