

Case Number:	CM14-0215310		
Date Assigned:	01/02/2015	Date of Injury:	06/01/2004
Decision Date:	02/28/2015	UR Denial Date:	12/07/2014
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 74 year old male with date of injury 06/01/04. The treating physician report dated 11/18/14 (304) indicates that the patient presents with pain affecting his neck and low back. The physical examination findings reveal tenderness to palpation in the cervical spine with decreased extension and rotation. CURES report is consistent. Prior treatment history includes rhinoplasty (1963), 5-level cervical laminectomy (1970), right shoulder surgery (2000), home exercise program, and an ESI. The patient rates their pain as 3/10. Current medications are Lyrica, Tramadol, Senna-S, and Effexor. The current diagnoses are: 1. Cervical Facet Arthropathy 2. Status Post Cervical Laminotomy 3. Lumbar Stenosis The utilization review report dated 12/07/14 denied the request for Lyrica 150mg QTY: 120 based on guidelines not being met (315).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg QTY: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica
Page(s): 99.

Decision rationale: The patient presents with pain affecting his neck and low back. The current request is for Lyrica 150mg QTY: 120. The treating physician states that the medication helps decrease the patient's pain and increase the patient's activity level. (309) MTUS recommends Lyrica for neuropathic pain. MTUS page 60 requires that pain and function with medication usage be recorded. In this case, the treating physician has documented decreased pain and improved function with Lyrica usage and the medication is supported by MTUS. The current request is medically necessary and the recommendation is for authorization.