MAXIMUS Federal Services

Case Number:	CM14-0215919		
Date Assigned:	01/06/2015	Date of Injury:	06/06/1996
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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
Certification(s)/Specialty: Physical Medicine & Rehabn

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 54-year-old female with an injury date of 06/06/96. Based on the 09/12/14 progress report, the patient complains of low back pain which radiates to the legs. She describes her pain as deep, diffuse, discomforting, piercing, sharp, shooting, and stabbing. The 10/10/14 report indicates that the patient would like to continue her pain meds as they help with her pain. Symptoms are aggravated by daily activities, extension, flexion, lifting, pushing, standing, twisting, and walking. The 11/11/14 report states that the patient has persistent, moderate pain in her lower back which radiates to both legs. No additional positive exam findings are provided. The patient's diagnoses include the following: 1.) FMS 2.) MPS. 3.) CLBP 4.) Lumbar. Strain. 5.) Lumbar Radiculopathy. 6.) S/P SCS. 7.) Chronic pain syndrome. 8.) Depression/anxiety. The utilization review determination being challenged is dated 11/25/14. Treatment reports are provided from 05/20/14- 01/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs)Medications for chronic pain Page(s): 16-18, 60. Decision based on Non-MTUS Citation Pain Chapter, Pregabalin

Decision rationale: The patient presents with low back pain which radiates to her legs. The request is for Lyrica. Lyrica is an anti-epilepsy drug that is being used to manage neuropathic pain and fibromyalgia. The patient describes her pain as deep, diffuse, discomforting, piercing, sharp, shooting, and stabbing. Symptoms are aggravated by daily activities, extension, flexion, lifting, pushing, standing, twisting, and walking. MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for anti-epilepsy drugs: Anti-epilepsy drugs (AEDs) Outcome states: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. ODG, Pain Chapter, Pregabalin, state that this medication is "Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain." The patient complains of pain in her lower back which radiates to her legs. The patient has been taking Lyrica as early as 07/18/14. There isn't any discussion provided regarding how Lyrica has impacted the patient's pain and function. MTUS page 60 states that pain and function must be recorded when medications are used for chronic pain. Due to lack of documentation, the requested Lyrica is not medically necessary.