

Case Number:	CM14-0218375		
Date Assigned:	01/08/2015	Date of Injury:	03/07/1993
Decision Date:	03/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona

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 injured worker is a 58-year-old male who reported an injury on 03/07/1993. The mechanism of injury was not stated. The current diagnoses include lumbar strain, lumbar disc injury, lumbar radiculopathy, depression, and status post laminectomy. The injured worker presented on 11/17/2014 with complaints of low back pain with radiation into the right lower extremity. The injured worker had been prescribed MS Contin 60 mg without relief of symptoms. Lyrica 100 mg had also been written for use at night, which helped to decrease left toe dysesthesia. Upon examination there was slight pain in the bilateral L3 to S1 region, paraspinal spasm, bilateral seated straight leg raise at 90 degrees, 4+/5 motor weakness in the left lower extremity, positive left Kemp sign, and moderate lumbar pain with bilateral lateral flexion. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #70 x 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. Antiepilepsy drugs are also recommended for neuropathic pain. According to the documentation provided, the injured worker had been prescribed Lyrica 100 mg. Although the injured worker reported an improvement in symptoms, there was no documentation of objective functional improvement. The injured worker presented with complaints of low back pain with radiation into the left lower extremity. There was no significant change in physical examination. The medical necessity for the ongoing use of this medication has not been established. Additionally, the current request does not include a frequency. Furthermore, the request for 6 refills is excessive. As such, the request is not medically appropriate.