

Case Number:	CM15-0113284		
Date Assigned:	06/19/2015	Date of Injury:	04/09/2004
Decision Date:	07/20/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 49-year-old male, with a reported date of injury of 04/09/2004. The diagnoses include failed back surgery syndrome; status post L4-5 fusion; chronic diffuse pain in the low back, forearm, and lower extremities; and depression secondary to chronic pain. Treatments to date have included oral medications, topical pain medication, lumbar discectomy and fusion in 09/2006, and lumbar surgery in 2007. The progress report dated 05/06/2015 indicates the injured worker remained under care for the treatment of chronic low back pain and bilateral leg pain. He continued Lyrica twice daily and the medication continued to relieve neuropathic pain over the lower limbs. It was noted that the injured worker would like to continue his same treatment regimen as he obtained significant relief with the medication combination, noting that functional status was improved and he was able to continue working. Without medications, the injured worker believed that he would be essentially non-functional. The physical examination showed increased pain, a straight spine, healed lumbar incisions, tenderness to palpation at L4-5 and L5-S1 over the incision sites and paralumbar muscles, tenderness just below the scapula/midline, deferred range of motion due to increased pain, and a stable gait. The treatment plan includes the continuation of Lyrica twice a day for nerve pain. The treating physician requested Lyrica 7.5mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lyrica 75mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19-20.

Decision rationale: The MTUS discusses use of Lyrica (pregabalin) in chronic pain as it has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In this case, prior use of the drug has occurred and it appears that there is some evidence of functional improvement. In the opinion of this medical reviewer, modification to facilitate weaning is not appropriate at this time, because opportunity to clarify evidence of functional improvement. Therefore at this time, the request is considered appropriate, however, future requests should be clearly supported by objective evidence of functional improvement or weaning will be medically necessary.