

Case Number:	CM15-0122480		
Date Assigned:	07/06/2015	Date of Injury:	06/17/2008
Decision Date:	09/17/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York
 Certification(s)/Specialty: Emergency 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 65-year-old female, with a reported date of injury of 06/17/2008. The mechanism of injury was the cleaning of a rabbit cage, with odd twisting of the back, neck, and shoulders. The injured worker's symptoms at the time of the injury included spasms, "grabbing" on motion, and difficulty breathing. The diagnoses include low back pain, lumbar degenerative disc disease with radiculitis, thoracolumbar region sprain/strain, chronic pain disorder, and facet arthropathy/syndrome. Treatments and evaluation to date have included oral medications, psychotherapy, lumbar transforaminal epidural steroid injections on 10/06/2014 and 02/02/2015, a lumbar brace, a cane, pain management, chiropractic care, physical therapy, acupuncture, and a TENS (transcutaneous electrical nerve stimulation) unit. The diagnostic studies to date have included an MRI of the lumbar spine which showed moderate to severe multi-level degenerative disc disease throughout the lumbar spine with most severe at L4-5 and L5-S1; diffuse disc bulges and protrusion; endplate osteophytes and facet and ligamentum flavum hypertrophy; multiple exiting nerve roots particular right L4 nerve root; and L5-S1 mild disc bulge with facet hypertrophy; x-rays of the lumbar spine on 07/10/2008 which showed multilevel changes of degenerative disc disease and degenerative changes at the facet joints; and electro diagnostic studies of the bilateral lower extremities on 07/13/2009 with normal findings. The medical report dated 04/14/2015 indicates that the injured worker was there for follow-up of low back and lower extremity pain, greater on the right. She described her pain as constant in her low back with radiation along the posterolateral dermatomes of the right lower extremity all the way down to the sole with burning and stinging. The injured worker reported weakness of the right

lower extremity, and muscle spasms in the mid back. It was noted that the injured worker weaned herself off Lyrica because it was very expensive; however, she wanted to restart it. Her pain was rated 6 out of 10. The physical examination showed an antalgic gait; use of a cane; inability to sit for 15 minutes without any limitations or evidence of pain; slow movement with a shuffling gait; inability to extend; normal lateral flexion with pain; difficult heel and toe walking; tenderness to palpation along the bilateral buttocks; and normal motor of the lower extremity. The treatment plan included the refill of Lyrica, one capsule daily. The injured worker expressed that she had many limitations in her activities of daily living and that she had regression in her strength and functionality. There was documentation that the injured worker was not currently employed. The medical report dated 06/17/2015 indicates that the injured worker benefitted from the epidural, but had noted that the pain had returned slowly. The epidural provided her with greater than 50% pain relief for four months. She found the epidurals helpful in reducing her pain, and allowed her function. The injured worker expressed again that she wanted to take Lyrica. The injured worker's status remained not working, and it was noted that she had reached maximum medical improvement. The treating physician requested Lyrica 50mg #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definitions, Introduction, and Anti-epilepsy drugs (AEDs) Page(s): 1, 9, 16-20, 99.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Pregabalin (Lyrica) 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. Pregabalin was also approved to treat fibromyalgia. There is no evidence that the injured worker had been diagnosed with diabetic neuropathy, post herpetic neuralgia, or fibromyalgia. The guidelines also indicate that a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. A "good" response to the use of antiepileptic drugs (AEDs) is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. In this case, there was no documentation of at least a moderate response to Lyrica. The Lyrica has been prescribed since at least 11/17/2014 without documentation of functional improvement. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical

treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The injured worker's work status remains "currently not working". For these reasons, the request for Lyrica is not medically necessary. Therefore, the request for Lyrica is not medically necessary.