

Case Number:	CM15-0122881		
Date Assigned:	07/07/2015	Date of Injury:	07/09/1996
Decision Date:	08/04/2015	UR Denial Date:	06/22/2015
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: California

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 63 year old female, who sustained an industrial injury on 07/09/1996. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, unspecified major depression single and recurrent episode, lumbar spinal stenosis, lumbar disc degeneration, depression, and lumbosacral neuritis not otherwise specified. Treatment and diagnostic studies to date has included use of an intrathecal pump, status post lumbar laminectomy/discectomy at lumbar four to five, status post intrathecal pump implantation, status post right carpal tunnel release, status post right knee arthroscopy, and medication regimen. In a progress note dated 06/09/2015 the treating physician reports complaints of back pain. Examination reveals tenderness to the lumbar paraspinal region. The injured worker's medication regimen included Fentanyl with pump, Flector Patch, Venlafaxine ER, Albuterol, Atenolol, Cardizem CD, Claritin, Zantac, Zestril, Aspirin, Lasix, Metastin, Metformin HCl, and Voltaren, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The treating physician requested Lyrica 25mg with a quantity of 30 with one refill, with the treating physician noting initiation of this medication requiring a refill, but the documentation did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrice 25mg#30 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 19-20.

Decision rationale: The MTUS states that Lyrice has FDA approval for painful diabetic neuropathy, post herpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. The previous reviewer has approved another request for Lyrice to fulfill the treatment requirements. An additional prescription of Lyrice 25mg#30 1 refill is not medically necessary.