

Case Number:	CM15-0123667		
Date Assigned:	08/07/2015	Date of Injury:	08/13/2004
Decision Date:	09/22/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55 year old female who sustained an industrial injury on 08-13-2004 resulting in injury to the low back. Treatment provided to date has included: lumbar spine anterior fusion surgery (2007) and post-op physical therapy with reportedly no relief; injections that provided temporary relief; medications; and conservative therapies and care. Recent diagnostic tests performed include: electromyogram (EMG) of the lower extremities (2015) showing evidence of bilateral L5 radiculopathy. Comorbidities included hypertension. There were no other dates of injury noted. On 05-13-2015, physician progress report noted complaints of low back pain. The pain was rated 6 out of 10 in severity at its best, and 8 out 10 at its worst with an average of 8 out of 10 during the previous week. The pain was described as constant, sharp, aching and throbbing, and associated with spasms and headaches. The injured worker rated her ability to complete activities of daily living (ADLs) as: 7 out of 10 for walking and sitting; 9 out of 10 for getting out of chair or off toilet; 10 out of 10 in doing house work and chores, work, and participating in leisure activities; and 5 out of 10 with personal care, sexual activity, and driving. The injured worker also rated how much her pain interferes with that following: 10 out of 10 with sleeping and ability to concentrate; 9 out of 10 with mood and enjoyment of life; and 8 out 10 in relationships with others. Additional complaints included chills, weight gain, disturbed sleep, night sweats, eye pain, blurred vision, tinnitus, sinus pain, frequent sore throats, hoarseness, orthopnea, cold extremities, cough, acid reflux, back pain, muscle cramps, urinary frequency, dizziness, feelings of anxiousness, stress, anger and irritability, easy bruising, heat intolerance, and hot or cold flashes. Current medications include

hydrocodone with acetaminophen 10-325mg, trazodone 50mg, and Lyrica 50mg. The physical exam revealed trigger points palpated in the gluteus medius and quadratus lumborum bilaterally, and iliotibial (IT) band on the left, limited range of motion (ROM) in the lumbar spine due to pain, mild weakness with left and right knee extension, paresthesia to light touch in the lateral and medial calves bilaterally, decreased reflexes in the patellar and Achilles tendons bilaterally, positive sacroiliac joint compression test and bilateral slump test. The provider noted diagnoses of chronic pain syndrome, adjustment disorder with depressed mood, gait abnormality, and lumbar spine neuritis and radiculitis. Plan of care includes MRRI of the lumbar spine, increase in Lyrica dose for neuropathic lumbar spine pain, and follow-up in 4 weeks. The injured worker's work was not mentioned. The request for authorization and IMR (independent medical review) includes: Lyrica 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); Lyrica (Pregabalin). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic)-Pregabalin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-22.

Decision rationale: Lyrica (pregabalin) is a medication in the antiepilepsy class. The MTUS Guidelines and FDA support its use in treating diabetic neuropathy, postherpetic neuralgia, fibromyalgia, and partial seizures. It can have euphoric and anti-anxiety side effects. When this medication is no longer providing benefit, the Guidelines support weaning over one week to avoid withdrawal effects. The submitted and reviewed documentation indicated the worker was experiencing back pain that went into the legs with spasms, problems sleeping, headaches, and anxious moods. There was no suggestion the worker had any of the above conditions. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 30 tablets of Lyrica (pregabalin) 50mg with one refill is not medically necessary. A one-week wean should be able to be accommodated in the medication the worker already had available. The request is not medically necessary.