

Case Number:	CM15-0163222		
Date Assigned:	08/31/2015	Date of Injury:	08/31/2010
Decision Date:	12/03/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 37 year old male, who sustained an industrial injury on 8-31-2010. The medical records indicate that the injured worker is undergoing treatment for left quadratus lumborum strain, chronic low back pain, and paresthesia. According to the progress report dated 5-11-2015, the injured worker presented for evaluation for pain medications. The level of pain is not rated. The physical examination of the lumbar spine reveals minimal tenderness to the quadratus lumborum. The current medications are Norco, Cyclobenzaprine, Neurontin, and Ibuprofen cream. Treatments to date include medication management. Work status is described as on permanent disability. The original utilization review (7-21-2015) had non-certified a request for Lyrica 75mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Lyrica 75mg #30 is not medically necessary per the MTUS Guidelines. The MTUS states that Lyrica is an antiepileptic that can be used for neuropathic pain. The most recent documentation does not reveal that the patient has neuropathic complaints therefore this request is not medically necessary.