

Case Number:	CM15-0175057		
Date Assigned:	09/16/2015	Date of Injury:	11/19/2008
Decision Date:	10/26/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 71 year old male who sustained an industrial injury on 11-19-08 he has a history of chronic pain following an assault at work. He developed dizziness, vertigo, and incontinence of urine after the injury. Diagnoses are noted as cervical spondylosis without myelopathy, partial tear of rotator cuff, chronic pain syndrome, pain in joint-shoulder region, surgical operation with implant of artificial internal device causing abnormal reaction, or later complication, without mention of misadventure at time of operation, displacement of cervical intervertebral disc without myelopathy, abdominal pain-left upper quadrant, adjustment disorder with mixed anxiety and depressed mood, unspecified hypothyroidism, primary localized osteoarthritis-shoulder region-nonindustrial, infection and inflammatory reaction due to nervous system device, implant, and graft, and mechanical complication of genitourinary device, implant, and graft, other. Previous treatment includes but is not limited to physical therapy, psychotherapy, medications-including Cymbalta, Codeine, Ambien, injections, surgery, radiofrequency lesioning, and rest. In a visit note dated 8-20-15, the provider reports radiofrequency lesioning C2, C2-3, C3, C4 on 7/16-15 and it is noted he received zero pain relief from this procedure. He complains of neck pain, constant headaches, and pain that radiates across the left shoulder. He has recently undergone changes in his medication in a plan to evaluate for chronic tinnitus and chronic vertigo. Pain is reported as a level 5 out of 10. He reports losing his balance and having falls on occasion. He fell a week ago. His worst pain score is 7, least is 3 and usual is 5 out of 10. The pain is noted to be worse, sleep is worse, functionality is worse and the medication usage has decreased. Current medications are Lyrica, Acyclovir,

Docusate Sodium, Polyethylene Glycol Powder, Oxybutynin Chloride ER, Baclofen, Carafate, and Calcium. He is noted to be retired. Cervical range of motion is restricted towards turning left, there is cervical facet tenderness bilaterally, worse on the left and facet loading is positive bilaterally, worse on the left. His gait is slightly antalgic. The requested treatment of Lyrica 75mg # 90 with 2 refills was non-certified on 8-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #90 with 2 refills: 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: Per MTUS CPMTG, "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." Pregabalin is the prodrug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." With regard to medication history, the medical records indicate that the injured worker has been using Lyrica since at least 5/2012. The documentation submitted for review did not contain evidence of improvement in function with the use of Lyrica. As such, medical necessity cannot be affirmed.