

Case Number:	CM15-0175764		
Date Assigned:	09/17/2015	Date of Injury:	11/14/2001
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: Physical Medicine & Rehabilitation

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 40 year old female, who sustained an industrial injury on November 14, 2001. The injured worker was diagnosed as having status post failed spinal cord stimulator trial due to complication, long term use of opioid pain medication greater than ten years, complex regional pain syndrome in the left leg, and status post left knee surgery. Treatment and diagnostic studies to date has included above noted procedures, physical therapy, magnetic resonance imaging of the right knee, use of a walker, and medication regimen. In a progress note dated July 20, 2015 the treating physician reports complaints of pain to the back, knee, hip, and an increase in pain to the neck and the right abdomen. On July 20, 2015 the treating physician also noted aching, burning, sharp, shooting, throbbing, nagging, "moderate to severe" pain to the left lower extremity that has an "average" pain level of a 7 out of 10 on a scale of 0 to 10 with the use of her medication regimen and rates the pain a 10 out of 10 at its worst. The documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. Examination on July 20, 2015 was revealing for decreased range of motion to the left knee, calf impingement, asymmetrical flexion contractures, and decreased flexion to the left knee. On July 20, 2015 the injured worker's medication regimen included Celebrex, Cymbalta, Docusate Sodium, Doxepin, Percocet, Ranitidine, Senna, Ambien, Clonazepam, Lyrica, Seroquel, Keppra, OxyContin, Fentora, Naproxen, and Prilosec. On July 20, 2015 the treating physician requested the medication of Lyrica noting that the injured worker was currently taking this medication and has been prescribed this medication since at least

August 2012. On August 13, 2015 the Utilization Review determined the request for Lyrica 225mg with a quantity 90 tablets with 2 refills to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 225mg qty 90 tablets 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: The patient presents with pain in the low back and left leg. The request is for Lyrica 225MG QTY 90 tablets with 2 refills. Patient is status post left knee surgery, date unspecified. Examination to the left knee on 05/13/15 revealed a decrease in range of motion. Per 05/19/15 progress report, patient's diagnosis includes mild opioid withdrawal, and opiate dependence and chronic pain. Patient's medications, per 04/21/15 progress report include Prilosec, Naproxen, Celebrex, Cymbalta, Docusate, Doxepin, Fentora, Keppra, OxyContin, Percocet, Potassium Chloride ER, Rantidine, Senna, Ambien, Clonazepam, Lyrica, Seroquel, and Furosemide. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 19-20, Antiepilepsy drugs (AEDs) section, under Lyrica states: "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." The treater has not discussed this request; no RFA was provided either. Review of the medical records indicates that the patient has been utilizing this medication since at least 01/14/14. However, the treater has not documented how Lyrica has impacted patient's pain and function. MTUS page 60 states that pain assessment and functional changes must be noted when medications are used for chronic pain. This request does not meet guideline recommendations and therefore, is not medically necessary.