

Case Number:	CM15-0024783		
Date Assigned:	02/17/2015	Date of Injury:	02/19/2014
Decision Date:	07/10/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 30 year old male, who sustained an industrial injury on 02/19/2014. He has reported injury to the head, neck, and low back. The diagnoses have included post-concussion syndrome; cervical facet syndrome; spasm of muscle; and disc disorder lumbar. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and home exercise program. Medications have included Ibuprofen, Ultram, Baclofen, Norco, Naprosyn, Lidoderm patch, Zipsor, and Lyrica. A progress note from the treating physician, dated 01/07/2015, documented a follow-up visit with the injured worker. The injured worker reported neck pain and lower backache; pain is rated as 3 on a scale of 1 to 10 with medication; pain is rated as 9 on a scale of 1 to 10 without medications; persistent memory loss since industrial injury; activity level has increased; he has returned to work; and the medications, Norco, Zipsor, and Lyrica, are working well for pain and improved function. Objective findings included appears depressed, fatigued, and in mild-to-moderate pain; cervical spine range of motion is restricted due to pain; tenderness, hypertonicity, tight muscle band, and trigger point is noted on the left side of cervical paravertebral muscles; tenderness at the paracervical muscles, rhomboids, and trapezius; cervical facet loading is positive on the left side; tenderness to palpation over the cervical facet joint at C2-C3, C3-C4; tenderness is noted on the left side of the thoracic spine; restricted range of motion of the lumbar spine; tenderness, hypertonicity, tight muscle band, and trigger point noted on the left side on palpation of the lumbar paravertebral muscles; lumbar facet loading is positive on the left side; and there is occipital tenderness on the left on palpation. The treatment plan has included the request for Lyrica 25 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Page(s): 18.

Decision rationale: Guidelines recommend gabapentin for treatment of diabetic painful neuropathy and postherpetic neuralgia. In this case, Lyrica is on hold pending reassessment of urinary hesitancy. The request for Lyrica 25mg #30 is not medically appropriate and necessary.