

Case Number:	CM15-0072519		
Date Assigned:	04/27/2015	Date of Injury:	02/25/1993
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 70-year-old who has filed a claim for chronic low back and groin pain reportedly associated with an industrial injury of February 25, 1993. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve a request for Lyrica. A RFA form of April 1, 2015 and a progress note of January 21, 2015 were referenced in the determination. On November 26, 2014, the applicant reported ongoing complaints of low back and groin pain status post earlier failed fusion surgery. The applicant had residual groin pain, it was acknowledged. The applicant had received recent ilioinguinal nerve block. The applicant was asked to continue Lyrica. The applicant's work status was not furnished. Medication efficacy was not detailed. On October 1, 2014, the applicant was again asked to continue Lyrica. Once again, the applicant's work status was not detailed. It was not stated whether or not ongoing usage of Lyrica was or was not effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg quantity 30 for 30 day supply (refill 1 or 1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Lyrica (pregabalin) was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is indicated in the treatment of postherpetic neuralgia and/or diabetic neuralgia pain and, by analogy, in the treatment of neuropathic pain conditions in general, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medications into his choice of recommendations. Here, however, the attending provider simply renewed Lyrica on multiple office visits, referenced above, with no discussion of medication efficacy. The applicant's work status, functional status, response to previous usage of Lyrica were not detailed or characterized. Therefore, the request was not medically necessary.