

Case Number:	CM15-0074739		
Date Assigned:	04/24/2015	Date of Injury:	06/12/2009
Decision Date:	06/03/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/20/2015

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, California

Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 6/12/09. She reported initial complaints of cervical and lumbar spine pain. The injured worker was diagnosed as having intervertebral disc disorder with myelopathy lumbar region; lumbar sprain; sprain of unspecified site of shoulder and upper arm; lumbar facet arthrosis; cervical degenerative disc disease. Treatment to date has included physical therapy x30; injections x3; medications. Diagnostics included MRI cervical spine (9/28/11); x-rays cervical and lumbar spine (3/5/15). Currently, the PR-2 notes dated 3/5/15 indicated the injured worker presents for complaints neck and low back pain. The pain is aggravated by prolonged sitting and standing and alleviated by lying down. The pain does radiate to the right arm and the neck pain is equal to the arm pain associated with numbness, tingling and weakness. She reports intermittent muscle cramps in her legs and describes the pain as constant sharp rating it as 10/10. She is currently not working. Medications prescribed include Lyrica, Naproxen, Norco, Prozac and Xanax. Her physical examination reveals no tenderness to palpation to the cervical or lumbar paraspinals and no increased pain with percussion of the spine. Range of motion notes cervical at 50% of normal and lumbar is 50% of normal. Upper and lower extremities range of motion is normal. She has had decreased sensation in C8 distribution. Radiographic studies of the cervical spine show evidence of degenerative disc disease at C6-7 with moderate changes at C5-6. Lumbar spine showed evidence of mild degeneration with moderate left-sided arthrosis L3-4 and L4-5. The provider is requesting as part of his treatment plan a pain management referral for consideration of lumbar facet blocks and an EMG right upper extremity to evaluate if numbness/tingling are

radicular in nature or peripheral nerve compression. He has also requested Lyrica 75mg #45 reviewed by Utilization Review. Patient has received an 29 PT visits and 16 acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Pregabalin, Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 19.

Decision rationale: Lyrica is an anti-epilepsy medication. According to MTUS chronic pain guidelines, regarding anti-epileptics, "Recommended for neuropathic pain (pain due to nerve damage." Regarding lyrica/ pregabalin, "Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." The injured worker was diagnosed as having intervertebral disc disorder with myelopathy lumbar region; lumbar sprain; sprain of unspecified site of shoulder and upper arm; lumbar facet arthrosis; cervical degenerative disc disease. Currently, the PR-2 notes dated 3/5/15 indicated the injured worker presents for complaints neck and low back pain. The pain does radiate to the right arm and the neck pain is equal to the arm pain associated with numbness, tingling and weakness. She reports intermittent muscle cramps in her legs and describes the pain as constant sharp rating it as 10/10. Her physical examination reveals decreased sensation in C8 distribution. Radiographic studies of the cervical spine show evidence of degenerative disc disease at C6-7 with moderate changes at C5-6. Lumbar spine showed evidence of mild degeneration with moderate left-sided arthrosis L3-4 and L4-5. The patient has evidence of chronic myofascial pain along with neurological involvement. It is deemed that Lyrica 75mg #45 is medically appropriate and necessary in this patient.