

Case Number:	CM15-0092199		
Date Assigned:	05/18/2015	Date of Injury:	05/31/2007
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 31, 2007. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve a request for Lyrica. A RFA form dated April 16, 2015 and associated progress note of April 14 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On April 14, 2015, the applicant reported ongoing complaints of low back pain, reportedly worsened. The applicant was using a cane to move about. The applicant's pain complaints were severe; it was stated and were rated at best 4/10 with medications versus 10/10 without medications. The attending provider then stated that the applicant was presently reporting 10/10 pain complaints. The applicant was using Mobic, Lyrica, and Tylenol with Codeine. The applicant reported 50% improvement with the same. This was not elaborated or expounded upon. The attending provider stated that the applicant's functionality was improved because of ongoing medication consumption but did not elaborate further. Tylenol No. 3, Mobic, and Lyrica were endorsed, along with renal and hepatic function testing. The applicant's work status was not furnished, although the applicant did not appear to be working. On January 21, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. The attending provider again stated that the applicant's medications were beneficial but did not elaborate further. The attending provider acknowledged that the applicant was using a walker and/or cane to move about on a frequent basis owing to heightened pain complaints. The applicant was off work and receiving both Social Security Disability Insurance (SSDI) benefits

in addition to Workers' Compensation indemnity benefits, it was reported. Tylenol No. 3 and Mobic were renewed on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: No, the request for Lyrica (pregabalin), an anticonvulsant adjuvant medication, 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 FDA approved in the treatment of diabetic neuropathy and/or postherpetic neuralgia and, by implication, can be employed for neuropathic pain complaints in general such as the ongoing lumbar radicular pain complaints present here, 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 medication" into his choice of recommendations. Here, however, the applicant was off work, it was acknowledged on January 21, 2015, despite ongoing Lyrica usage. The applicant was having difficulty performing activities of daily living as basic as standing and walking and was using a cane and/or walker on a frequent basis, it was reported both on that date, and on subsequent notes of March 18, 2015 and April 14, 2015. Ongoing usage of Lyrica (pregabalin) failed to curtail the applicant's dependence on opioid agents such as Tylenol with Codeine, it was further noted. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Lyrica (pregabalin). Therefore, the request was not medically necessary.