

Case Number:	CM15-0099579		
Date Assigned:	06/02/2015	Date of Injury:	04/16/2013
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/22/2015

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 51-year-old male, who sustained an industrial injury on 4/16/2013. The current diagnoses are lumbago and sacroiliac joint arthropathy. According to the progress report dated 4/24/2015, the injured worker complains of increasing low back pain with radiation down the left lateral leg. The level of pain is not rated. Physical examination revealed positive Patrick and Faber test. The current medications are Mobic, Lidoderm, Terocin, and Tylenol. Treatment to date has included medication management, MRI studies, physical therapy, chiropractic, TENS unit, and steroid injections. The plan of care includes prescription for Lyrica. Patient has received an unspecified number of PT and chiropractic visits for this injury. The patient had received two ESI for this injury. The patient has had MRI of the lumbar spine on 8/5/14 that revealed disc bulge with foraminal narrowing. The patient sustained the injury due to lifting a garbage bag.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25 mg; quantity: 120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), page 16, 19.

Decision rationale: Lyrica 25 mg; quantity: 120. Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, regarding antiepileptics, "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 current diagnoses are lumbago and sacroiliac joint arthropathy. According to the progress report dated 4/24/2015, the injured worker complains of increasing low back pain with radiation down the left lateral leg. The patient had received two ESI for this injury. The patient has had MRI of the lumbar spine on 8/5/14 that revealed disc bulge with foraminal narrowing. The patient sustained the injury due to lifting a garbage bag. The patient therefore has chronic myofascial pain along with neurological involvement. It is deemed that Lyrica 25 mg; quantity: 120 is medically appropriate and necessary in this patient.