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| Case Number: | CM15-0099762 | | |
| Date Assigned: | 06/02/2015 | Date of Injury: | 07/24/2009 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 05/07/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old, female who sustained a work related injury on 7/24/09. She lifted large boxes of printer paper from a metal container. The diagnoses have included low back pain, lumbosacral disc injury, lumbosacral sprain/strain and flare-up of left leg pain. Treatments have included oral medications, pain creams, home exercises, physical therapy, TENS unit therapy, injections and acupuncture. In the office note dated 9/10/14, the injured worker complains of ongoing pain in her low back and both legs, left greater than right. She has associated numbness and tingling in lower extremity. He rates her pain level a 7/10 with medications. She has tenderness to palpation over lumbar spine with pain radiating down both legs. Straight leg raise is positive with both legs, worse on the right side. The treatment plan for this visit was to wait for authorization for evaluation for a functional restoration program and to continue with medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica
Page(s): 20.

Decision rationale: According to MTUS guidelines, "Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain." There is no clear documentation of neuropathic pain in this patient that responded to previous use of Lyrica. There is no clear proven efficacy of Lyrica for back pain. Therefore, Lyrica 75mg #180 is not medically necessary.