

Case Number:	CM14-0144678		
Date Assigned:	09/23/2014	Date of Injury:	04/19/2007
Decision Date:	10/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation & Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male who reported an injury on 04/19/2007. The mechanism of injury was not provided. The injured worker underwent an MRI and an EMG. The surgical history was not provided. Other therapies included a functional restoration program. The injured worker's medication history included Lyrica since at least 03/2014. There was a request for authorization submitted for review dated 07/28/2014. The documentation of 07/28/2014 revealed the injured worker had complaints of low back pain rated 6/10. The physician documented that with the current medication regimen, the injured worker's pain symptoms were adequately managed. The injured worker's medications included Lyrica 75 mg 1 twice a day, omeprazole DR 20 mg 1 daily, and tramadol hydrochloride 50 mg 1 twice a day. The physical examination revealed the injured worker had a restricted range of motion with flexion limited to 40 degrees by pain and extension limited to 20 degrees by pain. The injured worker has spasm and tenderness bilaterally on palpation of the paravertebral muscles. Straight leg raise test was positive on the left at 60 degrees. Sensation to pinprick was decreased over the left lateral calf. The diagnoses included lumbar or lumbosacral disc degenerative, brachial neuritis or radiculitis not otherwise specified, and sleep disturbance not otherwise specified. The treatment plan included Ultracet 37.5/325 mg tablets 1 to 2 every 6 hours as needed for pain, Lyrica 75 capsules, omeprazole DR 20 mg capsules, and discontinuation of tramadol hydrochloride 50 mg. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend anti-epileptic medication as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 4 months. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for Lyrica 75 mg #60 is not medically necessary.