

SENT VIA EMAIL OR FAX ON  
Aug/19/2011

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/19/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lyrica 5/1/2011

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Orthopedic Surgery

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

1. Request for IRO dated 06/24/11
2. Peer review Dr. dated 02/14/11
3. Fax cover sheet dated 06/30/11
4. Clinical records Dr. dated 04/03/09-03/09/11

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male who developed low back pain after dumping a heavy load into dumpster on xx/xx/xx. The claimant was examined by Dr. on 04/03/09. He reports history of minor episodes of low back pain. He has history of right pronator status post repair and low back pain. He has medical history that includes non-insulin dependent diabetes mellitus, hypercholesterolemia, and is status post hernia repair. His medications at this time included Actos, Metformin, Glipizide, Simvastatin, and Naproxen. On physical examination he is 5'5" tall and weighs 150 lbs. He has reduced lumbar range of motion. Flexion below the knee produced low back pain. Bilateral straight leg raise and Faber increase low back

pain. Right straight leg raise produced minor inguinal right lower quadrant pain. Motor strength is 5/5. Reflexes are 2+ at knees and 1+ at ankles, equivocally diminished in left ankle. The claimant is noted to have no previous workup for lumbar spine. He was placed on Lodine 400 mg bid, Flexeril, and provided work restrictions. Records indicate the claimant was seen in follow-up on 05/01/09. He reported being a little bit better. He has burning lumbar pain without distal radiation, weakness, or numbness aggravated with heavy work. His physical examination is unchanged. He is opined to have radicular symptoms and was provided treatment of Neurontin 300 mg. Subsequent visits indicate that Neurontin was discontinued and the claimant was initiated on trial of Lyrica 75 mg bid to be increased to 150 mg bid. He is reported to have significant benefit. As a result his Lyrica was increased to 450 mg qd in divided doses. Clinic note dated 09/29/09 indicates Lyrica was increased to 300 mg bid without significant improvement in pain with side effect of decreased concentration. He was subsequently instructed to take Lyrica 150 mg qam and 300 mg qhs. He is reported to have benefit without significant side effects. Records indicate on 04/06/10 medication was adjusted and decreased to 150 mg with continued benefit and decreased side effects.

The record contains a peer review authored by Dr. performed on 02/14/11. Dr. notes the claimant's history of low back pain. He further notes that the claimant had complaints of right inguinal pain that ultimately resulted in a right inguinal herniorrhaphy on 03/12/09. He further received treatment for the right shoulder consisting of intraarticular injections and physical therapy. Dr. recommends against the continued use of Lyrica after 06/10/10 noting that there is no evidence of any indications for the use of Lyrica. He reports there's no objective evidence to support a diagnosis of diabetic neuropathy post herpetic neuralgia or fibromyalgia which are the FDA indications for this medication. Based upon this recommendation it would appear that the claimant's medication was discontinued.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The request for Lyrica is not supported by the submitted clinical information. The available clinical records indicate that the claimant has a history of low back pain with subjective complaints of radiation. However the claimant has no objective findings on physical examination to establish the presence of an active lumbar radiculopathy. There are no supporting electrodiagnostic studies. In the absence of objective data establishing the presence of neurologic compromise the use of Lyrica would not be supported under evidence based guidelines. It would further be noted that the primary FDA indications for the use of this medication is diabetic neuropathy post herpetic neuralgia or fibromyalgia. These three primary indications for the use of this medication are for non-work related conditions. Based upon the totality of the clinical information the previous determination is upheld and the continued use of Lyrica is not medically necessary.

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**