

<b>Case Number:</b>	CM13-0007391		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/21/2006
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 patient is a 56 year old male who reported an injury on 07/21/2006 that ultimately resulted in a total left knee replacement that required revision in 08/2012. The patient was treated postsurgically with physical therapy, cognitive behavioral therapy, and medications. The patient's medication schedule included Vicodin 5/500 mg, Prilosec, and Lyrica. The patient's most recent clinical evaluation noted that the patient had decreased left shoulder range of motion secondary to pain and that the patient was wearing bilateral hinged knee braces. The patient's diagnoses included degenerative disease of the knee, medial meniscus tear, and rotator cuff syndrome. The patient's treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Antiepilepsy drugs(AEDs) Page(s): 16, 60.

**Decision rationale:** The requested Lyrica 50 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been

on the medication for an extended duration of time. The California Medical Treatment Utilization Schedule recommends that any medications that are used in the management of a patient's chronic pain be supported by documentation of functional benefit and symptom response. The clinical documentation submitted for review does not provide any evidence that the patient has any increased function or symptom relief resulting from this medication. Therefore, continued use would not be supported. As such, the requested Lyrica 50 mg #60 is not medically necessary or appropriate.