

<b>Case Number:</b>	CM13-0016971		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Physical Medicine & Rehabilitation, 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 61-year-old female who reported an injury on 05/11/2009. The patient was originally diagnosed with lumbago, low back pain, and lumbar pain. As of 05/11/2009, she was status post L4-5 interbody fusion and post posterolateral fusion with instrumentation. On 05/05/2011, the patient was also noted as being status post pedicle screw/rod construction at L4-5 with exploration of spinal fusion on 05/14/2012. According to the 07/02/2013 documentation, the patient complained of right anterior and posterior chest wall pain experienced with activity, right lower back pain increased with range of motion activity, extension more than flexion, and right lateral bending more than the left. The patient was also noted as having posterior and anterior pelvic pain, increased with lumbosacral, pelvic, and hip activity which radiates from the posterior pelvis to the anterior psoas muscle with activity. The lower extremity numbness and paresthesias increase with back or pelvis pain complaints, and is more on the right lower extremity. The affect is impaired in regard to social isolation, with a mild sense of hopelessness noted, and the patient having been diagnosed with anxiety. The physician is now requesting Lyrica, and cognitive-behavioral training x12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica®), Page(s): 99.

**Decision rationale:** Regarding the request for Lyrica, under California Medical Treatment Utilization Schedule (MTUS) Guidelines, it states that pregabalin or Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia. However, Lyrica is not FDA-approved for the treatment of radiculopathy. The patient's diagnosis has been noted as radicular pain related to her injury. There is nothing provided in the documentation stating the patient has been diagnosed as having diabetic neuropathy, fibromyalgia, or postherpetic neuralgia. Furthermore, in regards to Lyrica, the physician failed to include a dosage or a total amount of tablets with the request. Therefore, with the patient's diagnosis not matching the intended use for Lyrica, and without a proper dosage pertaining to the medication, the requested service does not meet guideline criteria. As such, the requested service is non-certified.

**Cognitive Behavioral Training times twelve:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica®), Page(s): 99.

**Decision rationale:** Regarding the request for cognitive behavioral training time twelve, under California Medical Treatment Utilization Schedule (MTUS) Guidelines, under psychological evaluations, it states that another trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive behavioral intervention, focusing on psychological aspects of the pain problem. It further state that cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Due to the patient having ongoing chronic pain without relief from her present oral medication or from her other conservative treatments, consulting a specialist in cognitive behavioral therapy would be a beneficial step towards decreasing this patient's overall pain and helping to increase function. However, due to the previous request not meeting guideline criteria, this request for cognitive behavioral training times twelve cannot be certified at this time.