

<b>Case Number:</b>	CM13-0039438		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/14/2001
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 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 claimant is a 67 year old man who sustained a work-related injury on November 14, 2001. He subsequently developed with chronic back pain. According to the note of September 18, 2015, the patient physical examination demonstrated tenderness upon palpation of the lumbar area with reduced range of motion. The patient pain intensity was the 5-6/10 without medication and 2-3/10 with pain medications. The provider requested authorization to use Lyrica for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Lyrica 100mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, (May 2009)..

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Lyrica has been shown to be "effective in treatment of diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for both." There is no clear documentation of neuropathic pain in this patient according to the medical records provided for review. In addition, there is no

clear efficacy of the patient's previous use of Lyrica. Therefore, the request for one prescription of Lyrica is not medically necessary and appropriate.