

<b>Case Number:</b>	CM13-0039593		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 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 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 patient is a 28-year-old male who reported an injury to his back on 10/04/2012. The mechanism of injury was while he was moving tables at a restaurant, he felt a pain in his lower back radiating down to his right buttock and right leg. 01/22/2013, MRI of the lumbar spine with 3D reconstruction was done. Impression was L5-S1 facet hypertrophy and mild to moderate neural foraminal stenosis bilaterally. L4-5, trace far lateral disc protrusions right greater than left with contact to the lateral aspect of the exiting L4 nerves, moreso on the right side. Otherwise, unremarkable assessment of the lumbar spine. Clinical note dated 12/12/2013, the patient complains of lower back pain and right lateral hip numbness. The clinical note stated the patient underwent an epidural steroid injection on 06/27/2013. Unfortunately, the injection did not provide any relief. The clinical note dated 11/21/2013, trigger point injection, right lumbar paraspinal, ineffective. Clinical note stated right hip injection outside of doctor's office prior to 06/2013, ineffective. The patient has a history of physical therapy with no clinical notes in the documentation provided. The clinical note states today, the patient describes frequency numbness in the right lower back with radiation to the right lateral hip, lateral thigh, and leg. The patient states the symptoms are worse when he walks long distances or he is at work. It usually remits with lying down. The patient states the pain, on a scale of 1 to 10, with medication is 4/10 to 5/10 without medication. The patient is currently taking gabapentin 100 mg 1 tab in the morning and 4 tabs of 100 mg at bedtime. The note states the patient has previously taken ibuprofen, naproxen, Cymbalta, and Lyrica. On the physical exam, it was noted for the lumbar spine to be positive for tenderness to the right lower back, forward flexion 70 degrees without end range pain, extension 20 degrees without end range pain, positive for pain with right oblique extension, dural tension signs negative bilaterally. Unfortunately, no relief from trigger point injections. No further injections are recommended.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 PRESCRIPTION OF LYRICA #60 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica.

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

**Decision rationale:** THE CALIFORNIA MTUS STATES THAT LYRICA IS RECOMMENDED FOR NEUROPATHIC PAIN. MOST RANDOMIZED CONTROL TRIALS FOR THE USE OF THIS CLASS OF MEDICATION FOR NEUROPATHIC PAIN HAVE BEEN DIRECTED AT POSTHERPETIC NEURALGIA AND PAINFUL POLYNEUROPATHY. DUE TO LACK OF DOCUMENTATION FOR EFFECTIVENESS OF THERAPY, AND LACK OF DOCUMENTATION FOR FAILED CONSERVATIVE CARE, THE REQUEST IS NOT SUPPORTED. THE REQUEST, THEREFORE, IS NON-CERTIFIED.