

<b>Case Number:</b>	CM13-0042962		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/07/2002
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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:

This patient is a 66-year-old female with date of injury from 06/07/2002. The patient presents with chronic neck pain with right side greater than left upper extremity pain as well as low back pain. Listed diagnoses are cervical spondylosis, bilateral carpal tunnel syndrome improving, lumbar spondylosis, per report 08/27/2013. The plan includes Lyrica 50 mg, and this report from 05/27/2013 contains a prescription for supervised aquatic therapy 2 times a week for 3 weeks signed by a physician. The body of the report by [REDACTED] does not explain the reason for aqua therapy or how the patient has responded to prior treatments in the past. Another progress report dated 10/22/2013 states the patient complains of increased neck and low back pain with most symptomatic symptoms with bilateral wrists decreased functional capacity especially activities involving the wrists. The treater states that the patient has better tolerance for aquatic therapy than land-based therapy and that this will be appealed through the IMR process. The patient continues to be in need of Lyrica, and review of the chart reveals documented response to the medication on 10/04/2011 and 12/05/2011; the patient was given samples of Lyrica. There are daily handwritten therapy notes from 06/22/2012, 07/05/2012, 07/27/2012, 08/06/2012, and 09/05/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg #60 with two refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

**Decision rationale:** MTUS Guidelines state that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, as FDA approval for both indications and is considered first-line treatment for both. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007, the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." Therefore, the indications for pregabalin are diabetic neuropathy/postherpetic neuralgia, generalized anxiety disorder, social anxiety disorder, and fibromyalgia. This patient does not present with any of these diagnoses. While this patient presents with chronic neck and low back pain with radicular symptoms or radiations of symptoms into the arms and legs, there are no diagnoses of fibromyalgia, anxiety disorder, or diabetic neuropathy/postherpetic neuralgia. Furthermore, under anti-epilepsy drugs, where the MTUS Guidelines states that they are recommended for neuropathic pain, and states that there are few RCTs directed at central pain and none for pain for radiculopathy. This patient very well may suffer from radicular symptoms or radiculopathy, but MTUS Guidelines state that there are no randomized controlled studies looking at the efficacy of anti-epilepsy drugs such as pregabalin for painful radiculopathy. Recommendation is for denial.

**Supervised aquatic therapy (6 sessions):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** MTUS Guidelines allow up to 9 to 10 sessions for myalgia, myositis, neuralgia, neuritis, radiculitis type of symptoms. Given that this patient has not had any therapy for the year 2013 with the most recent therapy back in middle of 2012, a short course of therapy may be reasonable to help aid in management of this patient's chronic pain. Recommendation is for authorization of 6 sessions of supervised aquatic therapy.