

<b>Case Number:</b>	CM13-0044559		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/12/2003
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Orthopaedic Surgery 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:

This 57-year-old male sustained an industrial injury on 2/12/03. Injury occurred when he slipped and fell while walking down a staircase. He underwent L4/5 and L5/S1 lumbar interbody fusion on 2/17/06 for spondylolisthesis. He continued to have significant chronic pain symptoms. Post-operative conservative treatment included medications, activity modification, pain management services, and physical/aquatic therapy. The 9/27/13 treating physician report indicated that the patient reported 50% improvement in pain and function with his current medication regime. Medications included Kadian, Percocet, Lyrica, topical analgesics, Zanaflex, and omeprazole. The 10/18/13 utilization review modified the request for Lyrica 150 mg #60 to #30 for the purposes of weaning, based on little to no objective evidence of functional improvement to support continued use. The 6/6/14 complex pain management report indicated that the patient had completed a functional restoration program on 5/28/14. The patient remained symptomatic with nociceptive somatic low back pain and neuropathic pain to both lower extremities. The patient was using extended-release morphine for baseline pain relief and Percocet for breakthrough pain. He was using Lyrica 150 mg twice a day for neuropathic pain. He reported a 40% improvement in pain and function with medications, and significant improvement in quality of life. He was able to participate in activities of daily living, such as light exercise, household chores, cooking, light housekeeping, and grocery shopping. Without medications, he was predominantly confined to a bed or chair. With medications, he was able to walk 4 blocks. Without medications, he was only able to walk 2 blocks. He denied medication side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LYRICA CAPSULE 150 MG QTY: 60 SUPPLY: 30 DAYS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** The California MTUS guidelines indicate anti-epilepsy drugs (AEDs) such as Lyrica may be used in the treatment of neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as side effects incurred with use. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Guideline criteria have been met. This patient has been diagnosed with neuropathic pain. Records documented 40 to 50% improvement in pain and function with current medications, including Lyrica. Functional improvement with medications allow for participation in household and community activities of daily living. Without medications, the patient was reportedly confined to bed or chair. There are no reported medication side effects. Therefore, this request for Lyrica capsule 150 mg, quantity 60 (30-day supply) was medically necessary.