

<b>Case Number:</b>	CM13-0046082		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/25/2012
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 and 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 36-year-old male who reported an injury on 11/25/2012. The patient is diagnosed with cervicgia, brachial neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, sciatica, and lumbago. The patient was seen by [REDACTED] on 10/25/2013. The patient reported ongoing neck and lower back pain rated 9/10. The patient also reported radiation to the left upper and lower extremity. Physical examination revealed limited cervical range of motion, spasm and twitching, positive facet loading maneuver, limited lumbar range of motion, positive straight leg raising, tenderness to palpation, 5/5 motor strength, and intact sensation. Treatment recommendations included initiation of a compounded cream and Lyrica 50 mg as well as a request for a transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. As per the clinical documentation submitted, the patient does not maintain a diagnosis of diabetic neuropathy or postherpetic neuralgia. The patient's physical examination revealed 5/5 motor strength in the bilateral upper and lower extremities as well as intact sensation. Based on the clinical information received, there is no evidence of a significant neurological deficit that would require the need for an antiepilepsy medication. The medical necessity for the requested medication has not been established. As such, the request is non-certified.