

<b>Case Number:</b>	CM13-0049105		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/24/1989
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 5/24/89. The patient is currently diagnosed with lumbago, lumbar disc displacement, lumbosacral disc degeneration, depressive disorder, systemic lupus, post-laminectomy syndrome, sciatica, and muscle spasm. The patient was seen by [REDACTED] on 9/23/13. Physical examination was not provided for review. Treatment recommendations included trigger point injections and continuation of current medication including Lyrica 75 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Lyrica 75mg with three 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): 16-19.

**Decision rationale:** The California MTUS Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia; it has FDA approval for both indications. As per the documentation submitted, there is no physical examination provided on the requesting date of

9/23/13. There is no indication of neuropathic pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with activity limitation. Although the provider indicates that Lyrica helps reduce pain and improves function, there is no quantifiable evidence available that supports this statement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.