

<b>Case Number:</b>	CM13-0056282		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/06/2002
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 58-year-old male who reported an injury on 02/06/2002. The mechanism of injury was not stated. The injured worker is diagnosed with degeneration of intervertebral disc and chronic lower back pain. The injured worker was evaluated on 11/04/2013. The injured worker reported 8/10 lower back pain with numbness to the bilateral lower extremities. Physical examination on that date revealed tenderness to palpation, limited range of motion, and 5/5 motor strength with intact sensation. Treatment recommendations included a refill of ibuprofen 800 mg and Lyrica 150 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IBUPROFEN 800MG #90 WITH THREE (3) REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in injured workers with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line

treatment after acetaminophen. There is no evidence of long term effectiveness for pain or function. As per the documentation submitted, the injured worker has utilized ibuprofen 800mg since 03/2013. Despite ongoing use, the injured worker continues to report 8/10 pain. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

**LYRICA 150MG #60 WITH THREE (3) REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs (AEDs), Page(s): 16-20.

**Decision rationale:** California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. As per the documentation submitted, the injured worker has utilized Lyrica 150mg since 2009. Despite ongoing use of this medication, the injured worker continues to report 8 out of 10 pain with numbness to bilateral lower extremities. There is no documentation of a satisfactory response to treatment. Therefore, the request is non-certified.