

<b>Case Number:</b>	CM13-0059508		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, 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 is a 55 year old male patient s/p injury 6/8/12. The patient has bilateral knee pain, right hand pain, headaches,. He has largely been treated recently with medications. There is documentation in the records of a 10/29/13 certification for Lyrica 75mg #60. 12/17/13 progress note indicated that the patient obtained neuropathic pain relief with Lyrica use. The pain was reported as 10/10 without medication and 6 to 8/10 with medication. The patient was noted to be on Lyrica, Norco, Elavil, and Anaprox. There is documentation of a 11/6/13 adverse determination. The patient was certified for Lyrica 75mg on 12/26/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF LYRICA 75MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 20.

**Decision rationale:** MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic

pain as an indication for Lyrica. While the 12/17/13 note does indicate an objective measure of pain relief with the medication, a request for Lyrica was recommended certified on 12/26/13. It is not clear that another prescription is medically necessary at this time. The request is not medically necessary.