

<b>Case Number:</b>	CM14-0159945		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	01/28/2000
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Physical Medicine & 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 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 52-year-old female who reported an injury on 01/28/2000, due to caring for a patient. Diagnoses were lumbar spine sprain/strain, thoracic sprain/strain, lumbar spine radiculopathy and complaints of right lower extremity paresthesias. Physical examination dated 08/22/2014, revealed complaints of moderate pain in the mid to lower back rated 6/10 on the scale of 1 to 10. The pain was described as constant and radiated approximately to her buttocks, bilateral hips, legs and right foot. The pain was associated with numbness, tingling, burning, throbbing, stabbing and aching along with stiffness. It was reported that the right leg was giving way. Range of motion for the lumbar spine was decreased. There was mildly positive paraspinal tenderness noted to the mid thoracic and lumbar spine. There was a positive right sciatic nerve stretch test and positive straight leg raise bilaterally at 55 degrees. Sensation was intact to light touch in both lower extremities. Muscle strength was within normal limits. Treatment plan was for Lyrica, ibuprofen, omeprazole, Lidoderm and tizanidine. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg Quantity 60, 2 Refills:** 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  
Antiepilepsy Page(s): 19.

**Decision rationale:** The California Medical Treatment Utilization Schedule state Lyrica is an anticonvulsant that has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA approved for both indications and is considered first line treatment for both. This medication is designated as a schedule 4 controlled substance because of its causal relationship with euphoria. This medication also has an antianxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. Although the injured worker may have gotten pain relief from taking this medication, the provider did not indicate a frequency for the medication. The decision for Lyrica 100 mg quantity 60, 2 refills is not medically necessary.