

<b>Case Number:</b>	CM14-0171296		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Family Medicine 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 51 year old female patient who sustained a work related injury on 9/8/10. Patient sustained the injury when he was getting out of the seat, and felt an instant popping and pain the lower back. The current diagnoses include chronic pain syndrome, lumbago, lumbar radiculopathy, myalgia, lumbosacral spondylosis, pain in joint, upper arm with chronic regional pain syndrome and post laminectomy syndrome and Status post spinal cord stimulator and pulse generator placement on August 22, 2013. Per the doctor's note dated 9/26/14, patient has complaints of low back radiating down to the bilateral lower extremities with associated numbness. Physical examination revealed slight antalgic gait pattern, difficulty with heel to toe walk due to balance, palpable tenderness over the lumbar spine over the scars and over the lower lumbar spine and left buttock, decreased sensation over the right L3, L5, and S1 dermatome distribution, range of motion (ROM) included flexion 58 degrees, the extension 12 degrees, left lateral bend 23 degrees and right lateral bending 21 degrees, motor strength 4-5/5 bilaterally. The current medication lists include Cymbalta, Hydrocodone, Norhydrocodone, Oxycodone and Gabapentin. The patient has had electromyography and nerve conduction studies on 02/08/11 that revealed a moderately severe right L5 radiculopathy; magnetic resonance imaging (MRI) of the lumbar spine dated 11/05/12 that revealed no evidence of vertebral body fracture, subluxation or scoliosis, disc bulging at L3-4, L4-5 and LS-S1 with mild bilateral foraminal narrowing at L4-5 and with mild to moderate neural foraminal narrowing at L5-S1 and the magnetic resonance imaging (MRI) of the thoracic spine dated 06/14/13 that was normal and x-ray of the elbow on 02/26/14 documented no fracture. The patient's surgical history includes spinal cord stimulator and pulse generator placement on August 22, 2013; L4-5 microdiscectomy on 5/03/11; L3-S1 facet arthropathy, confirmed by facet blocks. The urine toxicology report dated 03/28/14 that

was positive for Hydrocodone, Norhydrocodone, Oxycodone and Gabapentin. Other therapy done for this injury was not specified in the records provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lyrica 75 mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17,19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 19.

**Decision rationale:** Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, regarding antiepileptics, "Recommended for neuropathic pain (pain due to nerve damage)." Regarding Lyrica/Pregabalin, "Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." Per the doctor's note dated 9/26/14, patient has complaints of low back radiating down to the bilateral lower extremities with associated numbness and physical examination revealed slight antalgic gait pattern, difficulty with heel to toe walk due to balance, palpable tenderness over the lumbar spine over the scars and over the lower lumbar spine and left buttock, decreased sensation over the right L3, L5, and S1 dermatome distribution, motor strength 4-5/5 bilaterally. The patient has had electromyography and nerve conduction studies on 02/08/11 that revealed a moderately severe right L5 radiculopathy. The patient's surgical history includes spinal cord stimulator and pulse generator placement on August 22, 2013; L4-5 micro discectomy on 5/03/11. The patient therefore has chronic myofascial pain along with objective evidence of neurological involvement it is deemed that Lyrica 75 mg is medically appropriate and necessary in this case.

**Lyrica 150 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17,19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 19.

**Decision rationale:** Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, regarding antiepileptics, "Recommended for neuropathic pain (pain due to nerve damage)". Regarding Lyrica/Pregabalin, "Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." Per the doctor's note dated 9/26/14, patient has complaints of low back radiating down to the bilateral lower extremities with associated numbness and physical examination revealed slight antalgic gait pattern, difficulty with heel to toe walk due to balance, palpable tenderness over the lumbar spine

over the scars and over the lower lumbar spine and left buttock, decreased sensation over the right L3, L5, and S1 dermatome distribution, motor strength 4-5/5 bilaterally. The patient has had electromyography and nerve conduction studies on 02/08/11 that revealed a moderately severe right L5 radiculopathy. The patient's surgical history includes spinal cord stimulator and pulse generator placement on August 22, 2013; L4-5 microdiscectomy on 5/03/11. The patient therefore has chronic myofascial pain along with objective evidence of neurological involvement. It is deemed that Lyrica 150 mg #90 is medically appropriate and necessary in this case.