

<b>Case Number:</b>	CM14-0178987		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	12/03/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 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 patient is a 27-year old who was injured on 12/3/2010. The diagnoses are lumbar radiculopathy, status post lumbar laminectomy, lumbar spondylosis and low back pain. The past surgery history is significant for lumbar laminectomy and revision surgeries. The EMG/NCV showed L5 lumbar radiculopathy. On 9/19/2014, [REDACTED] noted subjective complaint of pain score of 6/10 with medication and 8/10 without medication on a scale of 0 to 10. There was objective finding of positive facet loading. There was no abnormality on the neurological testing of the lumbar spine and lower extremity. There was no tenderness to palpation or sensory loss. The patient reported improved mood and function following with the use of medications and after functional restoration program. The medications are Lyrica and naproxen for pain and Cymbalta for mood disorder. The patient is also utilizing Norco, Percocet, Tramadol, and Flexeril from another prescriber [REDACTED]. There is conflicting records on which medications are currently being utilized. A Utilization Review determination was rendered on 10/28/2014 recommending non-certification for Lyrica 25mg BID #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for lyrica 25mg QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Physician Desk Reference

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend the use of anticonvulsants and antidepressant medications for the treatment of neuropathic pain. The records indicate that the patient was prescribed multiple opioids, anticonvulsant and antidepressant medications from two different providers. There is lack of documentation on medication compliance monitoring, UDS, Pills count, absence of aberrant behaviors and adverse interactions with other medications. There is no documentation of compliance, efficacy or functional restoration with the utilization of this low dose Lyrica. Therefore, 1 Prescription for Lyrica 25mg QTY: 60 is not medically necessary.