

<b>Case Number:</b>	CM14-0026694		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/10/1997
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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. 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 55 year old male who sustained an injury on 01/10/97 while unloading a generator. The injured worker developed complaints of low back pain. Prior treatment has been extensive including multiple lumbar fusion procedures as recent as 2011. The injured worker is noted to have undergone an L3 through S1 lumbar fusion. The injured worker was being followed by [REDACTED] for pain management. The clinical report on 11/04/13 noted that the injured worker was pending left testicle removal. No specific physical examination findings were noted outside of vital signs. The injured worker did have several QME evaluations by a chiropractor through 2014. The requested Lyrica 75mg was denied by utilization review on 02/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LYRICA (PREGABALIN) 75 MG CAPSULES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines and National Institutes of Health Peer to Peer.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

**Decision rationale:** In regards to the requested Lyrica 75mg, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The original request was not specific in regards to quantity, frequency, or duration. The last clinical note from [REDACTED] [REDACTED] was from November of 2013 and provided minimal information regarding ongoing complaints of neuropathic symptoms. Although Lyrica is a recommended 1st line medication in the treatment of neuropathic pain, given the paucity of clinical information to support the continuing use of Lyrica and as the requested medication was non-specific in regards to duration, frequency, or quantity, this reviewer would not have recommended this request as medically necessary.