

<b>Case Number:</b>	CM14-0027078		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/14/2014
<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 Orthopedic Surgery 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 54-year-old female was reportedly injured on July 18, 2012. The mechanism of injury is noted as low back pain due to a worn out seat. The most recent progress note, dated October 22, 2013, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated that the injured employee ambulated with the use of a cane. There was decreased cervical spine and lumbar spine motion and a normal neurological examination. There was a diagnosis of aggravation of a pre-existing low back and neck condition. The injured employee was encouraged to continue exercise and ibuprofen, Norco, and Lyrica were prescribed. Previous treatment includes aqua therapy, and home exercise. A request had been made for Lyrica and was not certified in the pre-authorization process on February 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LYRICA 25MG #50:** 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 Anti-epilepsy drugs Page(s): 16 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines anti-epilepsy drugs such as Lyrica are recommended for neuropathic pain. The attached medical record does not contain any documentation to indicate that the injured employee has neuropathic pain. There were no complaints of radicular symptoms and there was a normal neurological examination. Therefore this request for Lyrica is not medically necessary.