

<b>Case Number:</b>	CM14-0044697		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/10/2009
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 30-year-old female with a date of injury of 01/10/2009. The listed diagnoses per [REDACTED] are lumbosacral sprain/strain; lumbosacral disk injury; lumbar facet arthropathy with status post lumbosacral fusion at level L5-S1; history of lumbosacral spondylosis; left L4-L5 lumbosacral radiculopathy; and flare-up of low back pain. According to progress report, 01/20/2014, by [REDACTED], the patient presents with continued complaints of low back and left leg pain. There is a decreased lumbosacral range of motion, and the patient walks with a limp. Examination revealed positive straight leg raise of the left leg. It was noted the patient had difficulty getting on and off the examination table and required assistance of two people. The patient's medication regimen includes Lyrica, Cymbalta, Norco, and Sonata. The request is for Lyrica 150 mg twice a day. Utilization review denied the request on 03/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150mg twice a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 60, 61.

**Decision rationale:** This patient presents with continued complaints of low back and leg pain. The treater is requesting a refill of Lyrica 150 mg twice a day. The MTUS guidelines has the following regarding Pregabalin (Lyrica), Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Review of the medical file indicates the patient has been taking Lyrica since at least 10/22/2013. On 10/22/2013, the treater noted the patient is taking Lyrica 75 mg neuropathic pain but does not provide a discussion regarding its efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, review of progress reports from 10/22/2013 to 01/20/2014 provides no discussion on the efficacy of Lyrica. Recommendation is not medically necessary.