

<b>Case Number:</b>	CM14-0076629		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/09/2002
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 and Rehabilitation 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 53-year-old male who reported an injury on 05/09/2002. The mechanism of injury was not provided for clinical review. The diagnoses included cervicalgia, cervicocranial syndrome, spasms of muscles, and post-laminectomy syndrome. The previous treatments included medication and physical therapy. Diagnostic testing included an MRI. Within the clinical note dated 05/06/2014, it was reported the injured worker complained of neck pain with right arm pain with numbness. He complained of bilateral shoulder pain and low back pain. He rated his pain 8/10 to 9/10 in severity. Upon the physical examination, the provider noted the injured worker to have limited active range of motion. The provider noted the injured worker had paraspinal tenderness in the lumbar, thoracic, and cervical spine. The provider requested Lyrica. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 05/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI EPILEPSY DRUG.

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

**Decision rationale:** The request for Lyrica 75 mg capsules UD is not medically necessary. The California MTUS Guidelines recommend Lyrica for neuropathic pain due to nerve damage. The Guidelines note Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia and has FDA approval for both indications and is considered first line treatment for both. The Guidelines note the medication has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. There is a lack of documentation indicating the injured worker is treated for or diagnosed with neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. Therefore, the request is not medically necessary.