

<b>Case Number:</b>	CM14-0087680		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/25/2006
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 55 year old male who sustained an industrial injury on 09/25/2006. He apparently slipped and fell injuring his lower back. His diagnosis is chronic low back pain. He continues to complain of severe low back pain. On exam he has an antalgic gait and has decreased range of lumbar motion with flexion at 60 degrees and extension at 30 degrees. Motor and sensory exams are 5/5 in the bilateral lower extremities. Treatment has included medication, physical therapy acupuncture, chiropractic manipulation, epidural steroid injections, and aqua therapy. The treating provider has requested Lyrica 150mg, #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 15, 20.

**Decision rationale:** The recommended medication, Lyrica is not medically necessary for the treatment of the patient's condition. Per the documentation the claimant has neuropathic pain related to his back condition. Per California MTUS Guidelines 2009 antiepilepsy medications are

a first line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of neuropathic pain. The patient has not reported a reduction in his pain with the medical therapy which would be defined as a 50% reduction which would represent a "good" response. Medical necessity has not been documented and the requested treatment is not medically necessary for treatment of the patient's chronic pain condition.