

<b>Case Number:</b>	CM14-0089561		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/29/1991
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 59-year-old female who reported an injury on 06/29/1991. The mechanism of injury was not provided within the medical records. The clinical note dated 05/19/2014 indicated diagnoses of neck pain status post 2-level fusion, low back pain, history of L4-5, L5-S1 laminectomy and discectomy in 1993, bilateral hip pain, and chronic bilateral knee pain. The injured worker reported she is no longer able to get Lortab and would like to try brand name Norco. The injured worker reported pain rated 10/10. The injured worker reported pain in the neck and headaches as well as low back pain and knee pain. The injured worker reported with medication she was able to walk, complete self-care, and do chores around the house. The injured worker reported the only side effects were GI upset from Celebrex, but she did find Celebrex was significantly helpful. The injured worker reported amitriptyline helped her sleep, Imitrex helped her headaches, and Lidoderm helped her back pain. The injured worker reported the only thing that was not working was she was depressed and had tried several antidepressants without good relief. Lyrica helped her radicular pain from her low back greater than 30%. On physical examination, there were no significant changes from last exam. The injured worker's treatment plan was a prescription for Norco, Lidoderm patch, Lyrica, decrease Lexapro, Prilosec, and a follow-up. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Lortab, Celebrex, Imitrex, amitriptyline, Lidoderm, Prilosec, Lexapro, and Lyrica. The provider submitted a request for Lyrica and Lexapro. A Request for Authorization dated 05/30/2014 was submitted for medications and rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #30:** 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): 19.

**Decision rationale:** The California MTUS guidelines states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia. It is FDA approved and is considered first-line treatment for both. Documentation submitted did not indicate the injured worker had findings that would support she was at risk for diabetic neuropathy or post-herpetic neuralgia and there was a lack of evidence of neuropathic pain. In addition, the request did not indicate a frequency for this medication. Moreover, the injured worker reported her pain 10/10. There is no indication that the use of Lyrica has resulted in diminished pain levels or functional improvement. Therefore, the request for Lyrica is not medically necessary.

**Lexapro #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** The CA MTUS recommend antidepressants for chronic pain as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The injured worker has reported her pain level 10/10. There is no indication that the use of Lexapro has resulted in diminished pain levels or functional improvement. In addition, the request does not indicate a frequency or quantity for the Lexapro. Therefore, the request for Lexapro is not medically necessary.