

<b>Case Number:</b>	CM13-0067727		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/05/1999
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56-year-old female who reported an injury on 07/01/1999. The mechanism of injury was not stated. The current diagnoses include status post cervical fusion, lumbar disc displacement, failed back surgery syndrome, lumbar radiculopathy, status post lumbar fusion, diabetes mellitus, medication related dyspepsia, chronic pain, and status post spinal cord stimulator. The latest physician progress report submitted for review is documented on 12/05/2013, and is noted to be an incomplete visit note. Subjective complaints and objective findings were not provided. The current medication regimen includes Protonix 20 mg, Lyrica 75 mg, triamcinolone 0.1% cream, Senokot tablet, and Norco 5/325 mg. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 LYRICA 75MG, 1 THREE TIMES A DAY:** 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 Page(s): 16-22.

**Decision rationale:** The California MTUS Guidelines state Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. Antiepilepsy drugs are recommended for neuropathic pain. Within the documentation provided, it was noted that the injured worker has continuously utilized Lyrica 75 mg since at least 07/2013. There was no recent physical examination provided. The medical necessity for the ongoing use of Lyrica 75 mg has not been established in this case. Given the above, the request is not medically necessary.