

<b>Case Number:</b>	CM14-0109254		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/24/2005
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Rehab, 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:

This patient is a 67 year old male with a date of injury of 8/24/05. The medical file provided for review includes one report dated 7/9/14, which is following the Utilization Review denial on 7/1/14. This patient is status post microdiscectomy at L5-S1 on 4/19/06. Treatment history includes medications, epidural steroid injections, exercise, and radiofrequency ablation. According to the treating physician's letter dated 7/20/14, the patient has continued low back pain that radiates into the lower extremities with associated paresthesias. It was noted that the patient was denied Lyrica and has had an increase in pain and decrease in his ability to perform actives of daily living. Physician examination on this date revealed tenderness around the L5, with mild myofascial spasms. There is positive facet loading bilaterally and mildly decreased Achilles deep tendon reflex on the left. Straight leg raise is negative and sensation is intact. The request is for refill of Lyrica 50mg #60 with 2 refills. The Utilization review denied the request on 7/1/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50 mg, 60 capsules with two refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Pregabalin (Lyrica) Page(s): 19-20.

**Decision rationale:** This patient is status post microdiscectomy on 4/9/06 and continues to have low back pain that radiates into the lower extremities. The current request is for Lyrica 50mg 60 capsules with two refills. The Utilization Review denied the request stating that "MTUS states anti-epileptic medication is recommended for neuropathic pain due to nerve damage. The guidelines state there is lack of expert consensus on the treatment of neuropathy pain in general due to heterogeneous etiologies..." 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. In June 2007 the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia." The Utilization Review letter discusses a progress report from 4/18/14 which indicated that the patient's pain overall improved and she is able to sleep better at night with the use of Tramadol and Lyrica. Report dated 7/9/14 states that without Lyrica the patient has experienced an increase in pain and decrease in ADL's. With the use of the medication Lyrica, the patient is able to ambulate without a cane, and without the medication he is requiring assistance from a cane. In this case, the patient has radicular symptoms that have been managed with medications including Lyrica. The requested medication is medically necessary.