

<b>Case Number:</b>	CM14-0122211		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	10/01/1997
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 49-year-old woman who sustained a work-related injury on October 1, 1997. Subsequently, the patient developed chronic low back and left leg pain. Prior treatments included: 2 lumbar spine surgeries, trigger point injections, transforaminal epidural and SI joint injections, placement of a spinal cord stimulator in 2002, and replacement of the stimulator in 2010. The patient was previously detoxified from narcotics. According to a progress report dated June 23, 2014, the patient complained of moderate to severe low back pain that radiates down the posterolateral aspect of her leg to the foot. She rated her pain at 6/10. Physical examination revealed tenderness in the lumbar spine. Lumbar range of motion was decreased. Straight leg raise was positive bilaterally. There was decreased sensation in the L5 dermatome bilaterally. Heel and toe walking was normal. Reflexes were normal. The patient was diagnosed with lumbago, lumbar disc degeneration, and lumbar spondylosis. In a peer review performed on January 28, 2014 a modification was rendered to allow Lyrica 300 mg to wean off completely. The provider requested authorization for Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 300mg 1 po bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-epilepsy drugs (AE).

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

**Decision rationale:** According to MTUS guidelines, Lyrica is anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain. There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, there is no clear proven efficacy of Lyrica for back pain. Therefore, Lyrica 300mg 1 po bid #60 is not medically necessary.