

<b>Case Number:</b>	CM14-0136662		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/28/1999
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. 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, Pain Management

### 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 51 year old male with an industrial injury dated 09/28/1999. His diagnosis includes chronic intractable low back pain secondary to lumbosacral disk disease, lumbar radiculopathy, severe neuropathic pain and opioid dependence. Prior treatments included medications and home exercises. He presents on 07/30/2014 with complaints of severe back pain radiating down his leg. He had been taking Lyrica but stated it was not authorized and his pain had been worse since he had not been on Lyrica. Physical exam noted limited lumbar range of motion with tenderness to lumbar paraspinal. The plan of treatment was pain management with opioids and Lyrica. The provider documents without pain medication the injured worker is bedbound due to intractable pain. The provider also documents no aberrant behavior and no street drugs identified on urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs  
Page(s): 16-21.

**Decision rationale:** Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and in a note from July 30, 2014, there is notation that after the medication was denied the patient experienced worse pain. Furthermore, there is documentation of specific objective functional improvement in terms of ADLs and grocery shopping. Given this, the currently requested pregabalin (Lyrica) is medically necessary.