

<b>Case Number:</b>	CM14-0191510		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	03/16/1989
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family 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 worker is a 61 year old male who was injured on 3/16/1989. He was diagnosed with lumbago, lumbar degenerative disc disease, and sciatica. He was treated with surgery (lumbar laminectomies), back brace, H-wave, physical therapy, and multiple medications, including Lyrica. No records were included in the documents available for review which showed when the worker was started on Lyrica (at least 6 years prior to this request) and how he initially responded to it being added on to his medication regimen. The most recent progress note by his primary treating physician's office prior to this request was from 9/30/14 when the worker reported low back pain rated 6/10 on the pain scale. Physical findings included limited lumbar range of motion, ability to walk on heels and toes, and an unsteady gait. No other neurological testing was documented as being performed at that time. Refills for his Lyrica as well as his other medications (Cymbalta, Celebrex, Zohydro ER, Norco, Tramadol, and Soma were recommended as well as continual use of his walker and cane, H-wave device, and support brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #90 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, he had been using Lyrica chronically for many years leading up to this request, however, throughout that time, there was insufficient evidence of neuropathy and/or functional benefit related to its use which might help justify its continuation, particularly near the time of this request. There was not any documentation from the time Lyrica was first started which also might have helped justify its continuation if there was a significant response back then, but this was not able to be reviewed. Therefore, without clear documentation of neuropathy or benefit from Lyrical use, it will be considered medically unnecessary to continue. Therefore the request is not medically necessary.