

<b>Case Number:</b>	CM14-0196700		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/02/1999
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, mid back pain, low back pain, and shoulder pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of August 2, 1999. In a Utilization Review Report dated October 21, 2014, the claims administrator denied a request for Lyrica. The claims administrator alluded to progress note of October 7, 2014, in which the applicant reported 8 - 9/10 pain scale, was described as having failed multiple cervical and thoracic laminectomy procedures and was described as also having failed right shoulder surgery. The applicant is reportedly wheelchair bound. The claims administrator seemingly based its denial on the fact that the applicant did not have neuropathic pain or diabetic neuropathic pain for which Lyrica would be indicated. The claims administrator stated that it was basing its denial, in part, on causation grounds, stating that there was the lacking documentation in support of "adjuster causation." The applicant's attorney subsequently appealed. On July 15, 2014, the applicant reported ongoing complaints of neck and back pain with difficulty walking. The applicant was getting acupuncture and Botox injections every three months. The applicant's medications included Neurontin, Phenergan, Tizanidine, Aggrenox, it was stated. Issues with a stroke had resulted in worsening lower extremity weakness. The applicant was also using Zanaflex and Baclofen; it was stated in the bottom of the report. In a psychological evaluation dated October 15, 2014, it was acknowledged that the applicant was having variety of issues with pain, depression, anxiety, and feelings of hopelessness. The applicant was not working, it was reiterated. In a July 9, 2014 progress note, the applicant presented to follow up on issues of hypertension, dyslipidemia, atherosclerosis, sick sinus syndrome, and coronary artery disease. The applicant also had issues with gout and low Testosterone levels. The applicant's medications included Lipitor, Lopressor, Inderal, Aspirin, Benicar, Norvasc, Doxepin, Prilosec, Aggrenox,

Cialis, Colace, Duragesic, Baclofen, Restasis, Tizanidine, Lyrica, Rapaflo, Testosterone, Ativan, and Iron. Laboratory testing was endorsed. On August 20, 2014, the applicant was again described using a variety of medications one of which included Lyrica. The applicant was still using Duragesic, Baclofen, Restasis, Tizanidine, and other analgesic and adjuvant medications. In an August 15, 2014 progress note, the applicant was still using a motorized wheelchair; it was noted on that occasion. Multiple progress notes throughout 2014 suggested that the applicant was using a wheelchair throughout the same.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lyrica 25mg (quantity unknown): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin, Functional Restoration Approach to Chronic Pain Management Page(s): 99, 7.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Lyrica or Pregabalin is a first line treatment for neuropathic pain as/was is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, the applicant is off of work. The applicant remains dependent on a wheelchair. Ongoing usage of Lyrica has failed to curtail the applicant's dependence on opioid agents such as Duragesic and non-opioid agents such as Zanaflex. The attending provider has failed to outline any meaningful improvements in function or quantifiable decrements in pain achieved as a result of ongoing Lyrica usage. Therefore, the request was not medically necessary.