

<b>Case Number:</b>	CM14-0203284		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Physical Medicine Rehab, has a subspecialty in ENTER SUBSPECIALTY 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 injured worker is a sixty-one year old female who sustained a work-related injury on March 7, 2012. A request for Lyrica 75 mg #60 with one refill was non-certified in Utilization Review (UR) on November 24, 2014. The UR physician utilized the California (CA) MTUS guidelines in the determination. The CA MTUS guidelines state that Lyrica has been documented to be effective in the treatment of diabetic neuropathy and post herpetic neuralgia. It has also been recommended for use in fibromyalgia. Upon review of the submitted medical documentation, the UR physician determined that the injured worker did not have a diagnosis which is indicated for the use of Lyrica. A request for independent medical review (IMR) was initiated on December 2, 2014. A review of the medical documentation submitted for IMR included physician's evaluations from June 3, 2014 through November 17, 2014. On June 3, 2014, the injured worker reported that the Lyrica was helping with her pain and asked if it could be increased. The evaluating physician noted that the injured worker could not walk far and had shortness of breath and low back pain and left leg pain. On examination, the injured worker had pain with range of motion of the left lumbosacral region of the L4-L5 facet. She had decreased sensation of the left lateral leg and dorsum of the left foot. The physician documented a diagnoses of sciatica for which she requested an increase in the dose of Lyrica. The injured worker was evaluated on July 14, 2014 with complaints of significant leg and low back pain. She reported that she had completed five sessions of chiropractic therapy that the therapy helped a bit. On August 11, 2014, the injured worker reported that she tried to discontinue her Lyrica however she started to have severe left leg pain. On examination, she exhibited no tenderness to palpation of the lumbar spine and had decreased sensation of the left lateral leg and dorsum of the leg foot. Diagnoses associated with the visit included, localized primary osteoarthritis,

displacement of the lumbar intervertebral disc with myelopathy, low back pain, sciatica. Her work status was defined as total temporary disability. On evaluations of September 9, 2014 and October 20, 2014, the injured worker continued to have back pain and severe left leg pain which the evaluating physician attributed to L5 radiculopathy. The evaluating physician noted that the injured worker had failed all conservative measures to include physical therapy, chiropractic therapy, acupuncture and non-steroidal inflammatory medications. The physical examination remained essentially unchanged from the previous visit and her work status was defined as temporary total disability. On November 17, 2014, the injured worker complained of severe pain across the low back and down both legs. She reported trying to ambulate but stayed in bed most of the day. The evaluating physician recommended Lyrica, a spine surgeon evaluation, pain management consultation and topical medications.

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

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

**Lyrica 75 mg take 1 cap by mouth bid #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 100.

**Decision rationale:** Pregabalin (Lyrica) 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. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain and remains not working for this March 2012 low back injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. Lyrica 75 mg take 1 cap by mouth bid #60 with 1 Refill is not medically necessary and appropriate.