

<b>Case Number:</b>	CM15-0108916		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	01/03/2002
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 (IW) is a 70 year old male who sustained an industrial injury on 01/03/2002. The mechanism of the injury is not provided. The injured worker was diagnosed as having: Lumbago, Spinal stenosis of lumbar region, Degenerative lumbar, lumbosacral intervertebral disc. Treatment to date has included physical therapy and medications. In the Primary Treating Physician's Progress Report of 02/27/2015, he injured worker complains of constant low back pain that he rates as a 6-7 on a scale of 0-10 and "barely tolerable" on Vicodin alone. He requests at that time to go back on Lyrica to help improve his function. The worker felt he had much less pain when on Lyrica. On exam, he has restricted range of motion in flexion, extension and bending to the left side. His lower extremity strength is 4 out of 5 on the right and 5 out of five on the left. The plan at that time was to continue daily exercise, continue with Vicodin for pain control, and start Lyrica for his neuropathic pain. A request for authorization is submitted on 03-03-2015 for Vicodin, and Lyrica. A request for authorization was made for Lyrica (pregabalin) 100mg #90 every 8 hours for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica (pregabalin) 100mg #90 every 8 hours for pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

**Decision rationale:** According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with other analgesics. Although the claimant had prior benefit, there is no mention of failure of other medications. Lyrica is not medically necessary.