

<b>Case Number:</b>	CM15-0109972		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	02/07/2015
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 23 year old male who sustained an industrial injury on 02/07/2015. He reported left sided neck and upper back pain. The injured worker was diagnosed as having nonallopathic lesion of cervical region, myalgia and myositis, nonallopathic lesion of thoracic region, cervical strain, and sprain/strain, back, thoracic. Treatment to date has included medications and chiropractic treatment. Currently, the injured worker complains of an aching neck pain that he rates as a 7/10 with a 3/10 at best and 9/10 as its worst. The pain is present 50% of the day and is exacerbated by standing and walking. Medications and sitting relieves the pain. He also has upper back pain described as spasms rated at a 7/10 that is also present 50% of the day. Medications include Lyrica, hydrocodone, Flexeril, diclofenac, and chiropractic treatment. On examination he has mild to moderate tenderness in the cervical paraspinal muscles bilaterally, intersegmental joint hypo mobility at C3, C3, and T3-T4 on the left. Scapular muscle region is mild-to moderately tender and hypertonic on the right. Review of x- rays show no apparent gross pathology. The treatment plan of care is for chiropractic treatments, postural exercise and general core stabilization exercises, and medications. A request for authorization is made for Lyrica 100mg #90

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg #90:** 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 100.

**Decision rationale:** Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic 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. There is no documented functional improvement as the patient continues with constant significant pain level and remains functionally unchanged for this injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 100mg #90 is not medically necessary and appropriate.