

<b>Case Number:</b>	CM15-0132607		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	05/07/2004
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 63-year-old female, who sustained an industrial injury on 5/07/2004. The records submitted for this review did not include clear documentation of the initial injury or prior treatments to date. Diagnoses include neck pain, radiculitis, right knee internal derangement, status post total knee replacement, chronic pain syndrome, depression, insomnia, tension headaches, myofascial syndrome and neuropathic pain. Currently, she complained of ongoing pain in the neck, back, knee, left greater than right. On 6/17/15, the physical examination documented no abnormal clinical findings. The plan of care included Lyrica 150mg one tablet twice a day. The appeal requested authorization for Lyrica 75mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg, #60:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, "Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain". There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, there is no clear proven efficacy of Lyrica for neck pain. Therefore, the request for Lyrica 75mg #60 is not medically necessary.