

<b>Case Number:</b>	CM15-0133169		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	03/20/2006
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/02/2015
<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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65-year-old female injured worker suffered an industrial injury on 3/20/2006. The diagnoses included lumbago and sciatica. The diagnostics included lumbar x-rays. The treatment included physical therapy. On 4/14/2015, the treating provider reported Lyrica was added to help reduce the symptoms and she had ongoing pain in the knee as well as the back. On 5/26/2015, the treating provider reported 7 to 8/10 pain despite therapy. The injured worker had not returned to work. The requested treatments included 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 Anti-epilepsy drugs, Pregabalin (Lyrica) Page(s): 16-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED (anti-epileptic drugs), Lyrica Page(s): 16-22.

**Decision rationale:** The MTUS Chronic pain Medical Treatment Guidelines recommend antiepileptic drugs (AED) for neuropathic pain, post herpetic neuralgia, spinal cord injury and painful poly neuropathy. The choice of specific agents will depend on the balance between effectiveness and adverse reactions. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this

magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The documentation provided did not include a recent history, physical exam, documentation of pain relief or evidence of functional improvement with the use of Lyrica, this is required to fulfill guideline recommendations for continued use, therefore the request for Lyrica 75mg #60 is not medically necessary.