

<b>Case Number:</b>	CM15-0137910		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Pennsylvania, Ohio, 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:

This 55 year old female sustained an industrial injury on 2/03/12. She subsequently reported low back pain. Diagnoses include lumbosacral neuritis or radiculitis, sprains and strains of sacroiliac ligament, sciatica and lumbar or lumbosacral disc degeneration. Treatments to date include MRI testing, chiropractic care and prescription pain medications. The injured worker continues to report back pain that radiates to the leg, right shoulder, right arm and neck. Upon examination, there is edema noted in the lower extremities bilaterally. Trigger points were palpated in the gluteus maximus. There is reduced lumbar range of motion and weakness in the legs. Right leg sensation to light touch is reduced. A request for Lyrica 100mg #60 with 2 refills was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs Page(s): 17.

**Decision rationale:** MTUS recommends anti-epileptic medication for treatment of neuropathic pain. These guidelines require documentation of medication benefits and any side effects in order to continue this use. Such feedback re: efficacy has not been documented in this case. The request is not medically necessary.