

<b>Case Number:</b>	CM15-0145271		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	12/25/2010
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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:

This 59 year old male sustained an industrial injury on 12-25-10. He subsequently reported hip and leg pain. Diagnoses include pain in joint pelvis thigh. Treatments to date include nerve conduction, x-ray and MRI testing, injections, chiropractic care, hip surgery, physical therapy and prescription pain medications. The injured worker continues to experience back pain that radiates down the right lower extremity. Upon examination, there was antalgic gait noted and right lower extremity strength was reduced. A request for Lyrica 100mg #90 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 #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**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 diagnosis. The claimant had been on Lyrica along with other analgesics. The claimant does have lumbar radiculopathy for which the Lyrica is not supported for in the guidelines. There is no indication for continued use and the Lyrica is not medically necessary.