

<b>Case Number:</b>	CM15-0147752		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 38 year old male with an industrial injury dated 05-01-2012. The injured worker's diagnoses include inguinal neuralgia, status post right inguinal hernia repair on 06-12-2013 and possible L2-L3 radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-04-2015, the injured worker reported ongoing difficulty with pain in the right side of the low back, the right hip and down the right leg to the foot. The injured worker rated pain a 9-10 out of 10, reduced to a 5-6 out of 10 with medication. Objective findings revealed restricted lumbar range of motion, paravertebral tenderness with right greater than left and positive straight leg raises on the right. The treatment plan consisted of elastic lumbar corset, right knee brace, cane and medication management .The treating physician prescribed Lyrica 100mg #90, 3 refills now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg #90, 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lyrica.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Lyrica 100 mg #90 with three refills is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are inguinal neuralgia; status post right inguinal hernia repair; possible L2, L3 radiculopathy; status post implantation permanent spinal cord stimulator with removal secondary to infection July 2014. The date of injury is May 1, 2012. The request for authorization is June 30, 2015. According to a January 13, 2015 progress note, the injured worker has ongoing low back pain that radiates to the lower extremities. Pain scale is 4/10. The injured worker ran out of gabapentin and restarted Lyrica. There is no documentation the treating provider optimized gabapentin therapy prior to starting Lyrica. The injured worker was on #2 antiepileptic drugs from January 2015 through June 4, 2015. There is no clinical indication or rationale to antiepileptic drugs without maximizing the dose of gabapentin. Additionally, there is no documentation demonstrating objective optional improvement with ongoing gabapentin and Lyrica. Consequently, absent clinical documentation demonstrating objective functional improvement with ongoing Lyrica and a clinical rationale for two AEDs taken concurrently without first maximizing gabapentin therapy, Lyrica 100 mg #90 with three refills is not medically necessary.