

<b>Case Number:</b>	CM15-0160994		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	06/12/2002
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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

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:

The injured worker is a 53 year old female, who sustained an industrial injury on June 12, 2002, incurring low back injuries. She was diagnosed with lumbar disc disease and lumbar spondylolisthesis. She underwent a surgical lumbar spine fusion. Treatment included pain medications, anti-inflammatory drugs, antidepressants, neuropathic medications, and activity restrictions. Currently, the injured worker complained of sharp stabbing pain in the low back with burning pain radiating into the leg and foot. She rated her pain 4 out of 10 with medications and 10 out of 10 without medications. She noted persistent muscle spasms in the lumbar region. The treatment plan that was requested for authorization included prescriptions for Mobic and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 15mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

**Decision rationale:** The patient presents on 07/07/15 with lower back pain which radiates into the left lower extremity. The pain is rated 8/10 without medications, 4/10 with medications. The patient's date of injury is 06/12/02. Patient is status post L5-S1 fusion at a date unspecified. The request is for Mobic 15mg #30. The RFA is dated 07/10/15. Physical examination dated 07/07/15 reveals palpable spasms in the lumbar trunk, weakness in left thigh flexion, absent left Achilles reflex, and decreased sensation in the left lower calf and foot. The patient is currently prescribed Norco, Mobic, Lyrica, and Zoloft. Patient is currently not working. MTUS Guidelines, Anti-inflammatory medications section, page 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." In regard to the continuation of Mobic for this patient's chronic lower extremity pain, the request is appropriate. This patient has been prescribed Mobic since at least 01/22/13. Addressing efficacy, progress note dated 07/07/15 notes a 50% reduction in pain and a 50% improvement in function attributed to this patient's medications, though does not specifically mention Mobic. Given this patient's significant surgical history, the conservative nature of this medication, and the documentation of efficacy, continuation of Mobic is substantiated. Therefore, the request is medically necessary.

**Lyrica 75mg #30:** Overturned

**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 Antiepilepsy drugs Page(s): 19-20.

**Decision rationale:** The patient presents on 07/07/15 with lower back pain which radiates into the left lower extremity. The pain is rated 8/10 without medications, 4/10 with medications. The patient's date of injury is 06/12/02. Patient is status post L5-S1 fusion at a date unspecified. The request is for Lyrica 75mg #30. The RFA is dated 07/10/15. Physical examination dated 07/07/15 reveals palpable spasms in the lumbar trunk, weakness in left thigh flexion, absent left Achilles reflex, and decreased sensation in the left lower calf and foot. The patient is currently prescribed Norco, Mobic, and Lyrica. Patient is currently not working. MTUS Guidelines, Antiepilepsy drugs (AEDs) section, page 19-20, under Lyrica states: Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In regard to the continuation of Lyrica, the request is appropriate. This patient presents with chronic neurological pain secondary to significant surgical history in the lumbar spine, and has been

prescribed Lyrica since at least 05/15/15. Progress note dated 07/07/15 notes that this patient experiences a 50% decrease in her pain and a 50% functional improvement attributed to medications, though does not specifically mention Lyrica. Given the conservative nature of this medication and the documentation of prior efficacy, continuation is substantiated. The request is medically necessary.