

<b>Case Number:</b>	CM15-0163176		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/27/2003
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old female, who sustained an industrial injury on March 27, 2003. Treatment to date has included Botox injection, electroencephalogram, neurological evaluation, and anti-seizure medications. Currently, the injured worker complains of persistent headache, pain in her neck and shoulders. She reports that the headache is excruciating at times. On physical examination the injured worker is drowsy, depressed with fluent speech. She is alert, oriented and her cranial nerves are intact. The injured worker reports that a previous Botox injection was helping with her symptoms. The diagnoses associated with the request include nocturnal seizures, common migraine with intractable migraine. The treatment plan includes Botox injection and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica (strength and quantity unknown) Qty: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 18-19.

**Decision rationale:** Lyrica (strength and quantity unknown) Qty: 1.00 is not medically necessary per the MTUS Guidelines. The MTUS states that Lyrica is an antiepileptic medication used for neuropathic pain. This request cannot be certified as medically necessary without a strength or quantity. The request for Lyrica is not medically necessary.