

<b>Case Number:</b>	CM15-0183071		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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:

This is a 50 year old female with a date of injury of August 28, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for myofascial pain syndrome, lumbar spine sprains and strain, and lumbosacral radiculopathy. Medical records dated June 15, 2015 indicate that the injured worker complains of continued pain in the back with some numbness in the legs. A progress note dated August 10, 2015 notes subjective complaints of continued pain with some numbness and tingling of the bilateral feet. Per the treating physician (August 3, 2015), the employee has not returned to work. The physical exam dated June 15, 2015 reveals positive straight leg raise bilaterally, trigger points of the lumbar paraspinal muscles with spasms, and decreased range of motion of the back in all planes. The progress note dated August 10, 2015 documented a physical examination that showed positive straight leg raises bilaterally, decreased sensation to the bilateral feet, decreased strength and reflexes of the bilateral lower extremities and decreased range of motion of the back in all planes. Treatment has included lumbar spine surgery on June 18, 2015, lumbar epidural steroid injection on May 1, 2015, at least eight sessions of physical therapy, and medications (Lyrica (dosage not documented), Oxycodone 10mg every four hours, and Neurontin 1200mg three times each day since at least March of 2015). The original utilization review (August 18, 2015) non-certified a request for Lyrica 100mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic 2009 injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 100mg is not medically necessary and appropriate.