

<b>Case Number:</b>	CM15-0184101		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 9-10-2014. The injured worker was being treated for internal derangement of knee not otherwise specified, lumbar radiculitis, sciatica, lumbosacral strain, and anterior cruciate ligament sprain. On 8-13-2015, the injured worker reported ongoing, constant low back and right knee pain, which was described as shooting, tingling, and throbbing. Associated symptoms include numbness, tingling, and weakness. She rated her pain as 7 out of 10 at worst over the past week, 9 out of 10 at best over the past week, and 8 out of 10 on average over the past week. Lifting, standing, and walking worsen the pain and elevating her feet relieves the pain. Current medications include Cyclobenzaprine and Omeprazole DR. The physical exam (8-13-2015) revealed palpable trigger points in the bilateral lower latissimus dorsi, gluteus maximus, gluteus medius and quadratus lumborum. The lumbar spine range of motion was 40 degrees of flexion, 10 degrees of extension, 20 degrees of left lateral bending, 0 degrees of right lateral bending, 30 degrees of left rotation, and 0 degrees of right rotation. There was mild motor strength weakness of the left knee extension and right ankle dorsiflexion. The left patellar and bilateral Achilles reflexes were 2+ and the right patellar reflex was 1+. There were positive sacroiliac joint compression test of the hips, a positive right slump test, and a slight right-sided antalgic gait. On 4-23-2015, an MRI of the lumbar spine revealed advanced discogenic disease at L5-S1 (lumbar 5-sacral 1) with endplate marrow signal changes indicating active motion segment instability. There was noncritical moderate up-down narrowing of the neural foraminal outlets and the central canal was clear. There was moderate facet hypertrophy and relatively small foraminal protrusion at

L4-5 (lumbar 4-5) with noncritical mild to moderate narrowing of the neural foramina. Per the treating physician (7-20-2015 report), an MRI of the right knee revealed intrasubstance tearing of the meniscus. Treatment has included physical therapy, work modifications, temporary total disability, a knee brace, and medications including muscle relaxant (Cyclobenzaprine), proton pump inhibitor (Omeprazole), and non-steroidal anti-inflammatory. Per the treating physician (8-13-2015 report), the injured worker was to remain temporarily totally disabled. On 8-21-2015, the requested treatments included Lyrica 50mg. On 9-1-2015, the original utilization review non-certified a request for Lyrica 50mg due to no comment indicating a connection between the lumbar radicular symptoms and the industrial industry and the lack of rationale with regards to Lyrica.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lyrica 50mg:** 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:** The MTUS discusses use of Lyrica (pregabalin) in chronic pain as it 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 this case, there is no provided explanation for the Lyrica prescription in the Aug 17th note, leading to non-certification by utilization review. Additionally, the same note suggests a second opinion should be sought for orthopedic spine surgery. Given the uncertainty in the expected added clinical value, and lack of mention of Lyrica with any specificity subsequent to the request, the request is not supported. Therefore the request is not considered medically necessary.