

<b>Case Number:</b>	CM15-0194048		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	11/11/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55 year old female, who sustained an industrial injury on 11-11-2012. Medical records indicate the worker is undergoing treatment for right knee pain, lumbar sprain-strain and right knee arthroscopy with persistent chondromalacia patella symptoms. The most recent progress report dated 7-17-2015, reported the injured worker complained of right knee stiffness and pain, rated 7-9. Physical examination revealed bilateral sacroiliac tenderness and right knee diffuse tenderness, histrionic movements and non-anatomic nerve dysfunction. Treatment to date has included Norco and Lyrica since at least 3-19-2015. The physician is requesting Lyrica 200mg. On 9-16-2015, the Utilization Review noncertified the request for Lyrica 200mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 200mg:** Upheld

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

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

**Decision rationale:** Pregabalin (Lyrica, no generic available) 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. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.