

<b>Case Number:</b>	CM15-0197290		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/14/2000
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Washington, California

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 62 year old male who sustained an industrial-work injury on 2-14-00. He reported initial complaints of back, left hip, and right leg pain. The injured worker was diagnosed as having pain in joint involving the shoulder region, and lumbar and thoracic radiculopathy status post lumbar laminectomy. Treatment to date has included medication and surgery (L4-5 discectomy and fusion). Per the primary physician's progress report (PR-2) on 9-18-15, the injured worker complained of continued lower back, left hip, and right leg pain rated 5.5/10. The pain was described as constant, sharp, burning, and pressure sensations and had a depressive effect. It was relieved by rest and medication, heat, ice, stretching exercises, and massage. The symptoms were associated with numbness of the right arm and hand, left hand and the right leg and foot. There was weakness in the right hand and left leg and right foot as well as paresthasias of the left arm and hand and right leg and foot. He was doing well with a lower dose of Fentanyl patch and use of a Medtronic stimulator. Current medications also included Oxycodone 5 mg, Tizanidine 4 mg, Gabapentin 600 mg, Requip 0.25 mg. Medications relieve pain, improve function doing ADL's (activities of daily living) and leisure activities. Exam noted abnormal gait, normal motor strength, and decreased deep tendon reflexes in the lower extremities. The treatment plan included weaning patient from use of gabapentin. The Request for Authorization requested service to include Lyrica 150mg #90. The Utilization Review on 9-30-15 denied the request for Lyrica 150mg #90, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Lyrica (pregabalin) is classified as an anti-epileptic drug (AED) indicated in the treatment of epilepsy, anxiety, mood disorders, benign motor tics and neuropathic pain from either trigeminal neuralgia or diabetic neuropathy etiologies. Presently, there are no good clinical trials for use of this type of medication for treating axial low back pain but as this type of pain may have a neuropathic origin suggests it may be effective for this condition, too. The MTUS recommends use of anti-epileptic drugs as a first line therapy for neuropathic pain from nerve damage and further describes the goal of therapy to be when the pain decreases 30-50% or more and the patient's level of functioning improves. Interesting for this patient is that the provider has prescribed two anti-epileptic drugs, Lyrica and gabapentin. There is no indication for him to be on two similarly acting medications. Although the provider documented the patient has responded well to use of anti-epileptic medications, he also documented weaning the patient from use of gabapentin. Continued use of an AED is indicated in the treatment of this patient. The request for continuation of Lyrica is medically necessary and has been established.