

<b>Case Number:</b>	CM15-0210621		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	10/18/2001
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 60 year old female, who sustained an industrial injury on 10-18-01. The injured worker was diagnosed as having cervicgia, cervical radiculopathy, failed neck surgery syndrome, lumbar radiculopathy, lumbar disc protrusion, failed back surgery syndrome, anxiety, depression, chronic pain syndrome, and opioid dependence. Treatment to date has included C3-4 anterior discectomy and fusion, lumbar transforaminal epidural injections, lumbar radiofrequency rhizotomy, placement of an intrathecal pump, a home exercise program, cognitive behavioral therapy, and medication including Lyrica. On 10-7-15 physical exam findings included positive straight leg raising, Patrick's, facet loading, and Spurling's tests. The injured worker had been taking Lyrica since at least August 2015. On 10-7-15, the injured worker complained of pain in the cervical paraspinal muscles, upper trapezius muscles, scapular border, lumbar paraspinal muscles, and sacroiliac joint region rated as 10 of 10. On 10-7-15 the treating physician requested authorization for Lyrica 150mg #120 prescribed on 10-7-15. On 10-20-15 the request was modified to certify a quantity of 20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150mg every 6 hours (Rx 10/07/2015) Qty: 120.00: Upheld**

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

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

**Decision rationale:** The claimant is a 60 year-old female with date of injury of 10/18/2001 with chronic neck and low back pain. Lyrica (Pregabalin) is an anti-epileptic drug that is also effective in treating diabetic neuropathy, postherpetic neuralgia, fibromyalgia and neuropathic pain in spinal cord injury. The available medical records do not document any of the above conditions, so Lyrica is not indicated in this claimant. The request is not medically necessary or appropriate.