

<b>Case Number:</b>	CM15-0213747		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	09/30/1999
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Physical Medicine & Rehabilitation, 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 47 year old female, who sustained an industrial injury on 9-30-1999. Medical records indicate the worker is undergoing treatment for myalgia and myositis, chronic pain syndrome, lumbar post laminectomy syndrome and lumbosacral neuritis. A recent progress report dated 9-29-2015, reported the injured worker complained of low back pain rated 8 out of 10, right leg pain rated 7 out of 10 and decreased thoracic pain. Physical examination revealed bilateral lumbar facet tenderness to palpation, paravertebral thoracic spasm and tenderness to palpation and bilateral sacroiliac joint spasm. Treatment to date has included lumbosacral fusion, spinal cord stimulator, and physical therapy, Percocet, Dilaudid, Fioricet, Lyrica, Cymbalta and Ibuprofen. The physician is requesting Lyrica 150mg #60 with 5 refills. On 10-14-2015, the Utilization Review modified the request for Lyrica 150mg #60 with 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150mg #60 with 5 refills:** Overturned

**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).

**Decision rationale:** The claimant has a remote history of a work injury in September 1999 with injury to the low back. She underwent a multilevel fusion in February 2008 and IDET procedure in 2000. She has a spinal cord stimulator, which was last revised in May 2015 when seen, prior treatments had also included acupuncture, epidural steroid injections, ice treatment, massage, physical therapy, and TENS. She was having ongoing low back and right leg pain. She was taking Percocet and Dilaudid and Lorazepam and Fioricet were being prescribed. She was paying for medications out of pocket. Pain medications were allowing her to function. Physical examination findings included lumbar facet tenderness and thoracic and lumbar paravertebral muscle spasms. There was bilateral sacroiliac joint tenderness. There was an antalgic gait. She had decreased left lower extremity strength. Medications were continued with a goal of decreased opioid use. The total MED (morphine equivalent dose) being prescribed was 38 mg per day. Medications requested include Lyrica, which was prescribed for 6 months. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the requested dosing is consistent with guideline recommendations. The claimant has a diagnosis of failed back surgery syndrome with radicular symptoms only being partially controlled with the spinal cord stimulator. She is having difficulty obtaining medications and this medication should not be stopped abruptly. A greater than one-month supply is appropriate with expected re-evaluation at follow-up for continued use. The request is therefore medically necessary.