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| <b>Case Number:</b>   | CM15-0219337 |                              |            |
| <b>Date Assigned:</b> | 11/12/2015   | <b>Date of Injury:</b>       | 02/15/2013 |
| <b>Decision Date:</b> | 12/24/2015   | <b>UR Denial Date:</b>       | 10/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/09/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 36-year-old male with a date of industrial injury 2-15-2013. The medical records indicated the injured worker (IW) was treated for pain in joint lower leg. In the progress notes (9-23-15), the IW reported increased right leg, knee and foot pain, rated 6 out of 10 with medications and 8 out of 10 without them. He denied side effects. Activity level was reportedly the same; he was able to remain functional with medications. He was walking with a cane. Medications were Norco 10-325mg twice daily as needed and Lyrica (since at least 4-2015) 75mg at bedtime. On examination (9-23-15 notes), the right foot had a claw deformity and lateral plantar foot raised area. There was tenderness to palpation over the fifth metatarsal, midfoot and fifth metatarsophalangeal joint. There was also hyperalgesia and allodynia of the right lateral foot and some mild erythema at the lateral foot. Motor strength was 4 out of 5 in the right extensor hallucis longus, ankle dorsiflexors and plantar flexors and 5 out of 5 on the left. Sensation to light touch was decreased and dysesthesias and hyperesthesia were present over the right lateral foot. Reflexes were normal in the upper and lower extremities. Treatments included medications, ice, foot surgery, physical therapy, orthotics and TENS. Gabapentin was not effective. The 9-23-15 notes stated the urine drug screen from 8-2015 was "confirmatory for medications prescribed"; there was a pain agreement and it was reviewed. Medications were stated to enable him to perform household tasks (cooking, cleaning, self-care) for 30 to 45 minutes or more at a time, compared to 10 minutes or less or inability to perform the tasks, without medications. The treatment plan included continuing current medications, additional physical therapy and a bariatric seated walker. The IW was released for modified duty. A

Request for Authorization was received for Lyrica 75mg one capsule at bedtime #30. The Utilization Review on 10-7-15 non-certified the request for Lyrica 75mg one capsule at bedtime #30.

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

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

**Lyrica 75mg one capsule every night at bedtime quantity 30: 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).

**Decision rationale:** Lyrica 75mg one capsule every night at bedtime quantity 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Lyrica is an antiepileptic medication used for neuropathic pain. The MTUS states that Lyrica specifically has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. It has been suggested that this drug be avoided if the patient has a problem with weight gain. Although the documentation indicates that the patient has neuropathic pain, this medication is to be avoided in patients with weight gain issues. The documentation indicates that this patient has had issues with weight gain therefore this medication is not medically necessary.