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| <b>Case Number:</b>   | CM15-0035924 |                              |            |
| <b>Date Assigned:</b> | 03/04/2015   | <b>Date of Injury:</b>       | 09/24/1997 |
| <b>Decision Date:</b> | 04/10/2015   | <b>UR Denial Date:</b>       | 02/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/25/2015 |

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64-year-old male who reported injury on 09/24/1997. The mechanism of injury was not provided. The injured worker underwent an MRI of the lumbar spine on 03/21/2011. The injured worker's medications included Lyrica since at least early 2014. There was a Request for Authorization dated 02/06/2015. The documentation of 02/05/2015 revealed the injured worker had unchanged pain. The injured worker's medications were noted to include Opana 10 mg, Flector patches, Lyrica 150 mg by mouth twice a day, and Senna-S, as well as Cymbalta 60 mg and Naprelan 750 mg. The documentation indicated with the use of medications, the injured worker had approximately 70% pain reduction and was able to perform more activities, including driving to doctor's appointments, walking longer, and performing more activities at home. The pain was a 7/10 to 7.5/10 on the VAS. Physical examination revealed the injured worker ambulated with a 4-point cane and had a slow antalgic gait. The diagnoses included adjustment reaction with prolonged depressive reaction; back pain; and carpal tunnel syndrome. The surgical history was not provided. Treatment plan included a refill of Lyrica, brand name only, 150 mg, 1 by mouth twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had 30% to 50% relief in pain and objective functional improvement. This request would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lyrica 150 mg #60 is not medically necessary.