

<b>Case Number:</b>	CM15-0042018		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	08/19/1999
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: 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:

This 46-year-old male sustained a work related injury on 08/19/1999. According to a progress report dated 09/03/2014, the injured worker was status post lumbar transforaminal epidural steroid injection on 08/13/2014 with 50 percent pain relief in the low back and 50 percent relief in the legs. Medication use was decreased by approximately 60-70 percent. Functional ability had increased moderately with increase in activity level and endurance. The injured worker continued with moderate leg and thigh pain and moderate to severe left calf pain in L5-S1 distribution. Diagnoses included lumbar radiculopathy at L5-S1, lumbar status post laminectomy syndrome and status post lumbar transforaminal epidural steroid injection with moderate relief. Treatment plan included trial Lyrica for neuropathic pain, continue home exercise program, wean medications as tolerated and follow up in one month. According to a progress report dated 01/07/2015, the injured worker continued with moderate leg and thigh pain and moderate to severe left calf pain in L5-S1 distribution. The provider noted that Lyrica helped with nerve pain. Treatment plan included L5-S1 transforaminal epidural steroid injection, Lyrica, continue home exercise and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Lyrica 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Pregabalin (Lyrica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 19-20.

**Decision rationale:** The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. One prescription of Lyrica 100mg #60 is not medically necessary.