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| <b>Case Number:</b>   | CM15-0043320 |                              |            |
| <b>Date Assigned:</b> | 03/13/2015   | <b>Date of Injury:</b>       | 10/15/2009 |
| <b>Decision Date:</b> | 04/23/2015   | <b>UR Denial Date:</b>       | 03/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/06/2015 |

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 66-year-old female, with a reported date of injury of 10/15/2009. The diagnoses include lumbar spine pain, lumbar discogenic disease, lumbar radiculitis, lumbar facet syndrome, and lumbar spinal stenosis. Treatments to date have included an x-ray of the lumbar spine on 10/28/2014, lumbar fusion at L3-4 and L4-5, and oral medications. The progress report dated 10/28/2014 indicates that the injured worker had complete resolution of her preoperative radicular pain. She still had some mechanical back pain. The objective findings included mechanical pain directly over the pedicle screws and rods, which were easily palpable through her skin at L3-4 and L4-5, and stable neurologic testing. The medical record from which the request originates was not included in the medical records provided for review. The treating physician requested Lyrica (pregabalin) 25mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica/Pregabalin 25mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica  
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**Decision rationale:** Lyrica is a medication intended to treat neuropathic pain. The independent medical examination performed on October 23, 2014 indicates that the injured employee no longer needs oxycodone and klonopin, which is partially attributed to the use of Lyrica. She had surgical management of her radicular pain. I respectfully disagree with the assertion that since her referred leg pain has improved, she no longer has neuropathic pain, the request is medically necessary.