

<b>Case Number:</b>	CM15-0052864		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 35 year old male who sustained an industrial injury on March 22, 2013. The injured worker was diagnosed with lumbar spine sprain/strain with associated discopathy and clinical lumbosacral radiculopathy. According to the primary treating physician's progress report on February 24, 2015, the patient continues to experience persistent and increasing pain and stiffness of the lower back radiating down both legs with weakness, numbness and tingling. Examination of the lumbar spine demonstrated flattening of the lumbar lordosis and tenderness to palpation with spasms. There is decreased range of motion with positive straight leg raise bilaterally. Sensation over the L4, L5 and S1 nerve roots was decreased bilaterally. Deep tendon reflexes were normal and equal bilaterally. Current medications are listed as Tramadol, Tizanidine, and Lyrica. Treatment plan consists of proceeding with the authorized surgical intervention with preoperative clearance and the request for authorization for Lyrica and a narcotic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica:** 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 Antiepilepsy Drugs Page(s): 16-17, 99.

**Decision rationale:** Per MTUS CPMTG, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia." Pregabalin is the prodrug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The documentation submitted for review includes evidence of lumbar radiculopathy and posterior decompression on the right. The injured worker complained of low back pain that was always present and radiated down into both legs, to the ankles. There was associated numbness and tingling in the bilateral lower extremities. The UR physician has certified a modification of the request to specify #60. The request is medically necessary.

**Narcotic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. As the request does not specify medication name, dose, and duration of therapy, medical necessity cannot be affirmed and is not medically necessary.