

<b>Case Number:</b>	CM15-0053419		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<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  
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 07/17/2009. He reported back pain. Treatment to date has included epidural steroid injections, medications, physical therapy, surgery and MRI. According to a progress report dated 09/08/2014, the injured worker reported that he got pain relief from Lyrica. Currently, the injured worker complains of low back pain. Medications include Voltaren Gel, Lyrica, Norco, Tramadol, Diclofenac, Zalepon, Cymbalta, Pantoprazole, Docusate Sodium, Doxazosin and Buspirone. Diagnoses included Low Back Pain, Lumbar Radiculitis, Lumbosacral Spondylosis, Postlaminectomy Syndrome Lumbar and Thoracic disorder. Prescriptions included Tramadol, Lyrica and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150mg, Qty 30, 30 DAY Supply, 1 Refill - Fill Date 3/2/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 69,71,112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin, Page 99 Page(s): 99.

**Decision rationale:** The requested Lyrica 150mg, Qty 30, 30 Day Supply, 1 Refill-Fill Date 3/2/15 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of neuropathy and postherpetic neuralgia. The injured worker has low back pain. The treating physician has not documented current neuropathic pain, nor derived functional benefit from its previous use. The criteria noted above not having been met, Lyrica 150mg, Qty 30, 30 Day Supply, 1 Refill-Fill Date 3/2/15 is not medically necessary.