

<b>Case Number:</b>	CM14-0148135		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/11/2001
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 63-year-old male who reported an injury on 06/11/2001. The mechanism of injury was not submitted for clinical review. The diagnosis included residual of thoracic strain with T6-7 disc protrusion, lumbar strain with lumbar spondylosis, left S1 radiculopathy, and rule out femoroacetabular impingement syndrome. The previous treatments included medication. Within the clinical note, dated 08/15/2014, it was reported the patient complained of difficulty with reaching back. He complained of difficulty transferring from sitting position. He complained of occasional locking of the hip joint with groin pain. Upon the physical examination, the provider noted thoracic flexion was noted to be increased to 50 degrees. There were thoracic paraspinal spasms with tightness noted. Patient had mild intrascapular tenderness with possible trigger points. The lumbar range of motion was noted to be flexion decreased at 30 degrees with pain and extension increased to 20 degrees with pain. There was paralumbar tenderness noted. The provider requested Lyrica; however, rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Lyrica 75mg #90 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antiepilepsy drugs (AEDs) Page(s): 16, 19..

**Decision rationale:** The California MTUS Guidelines recommend Lyrica for neuropathic pain, pain due to nerve damage. The guidelines note Lyrica has been documented to be effective in the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has FDA approval for both indications, and is considered first line treatment for both. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The clinical documentation submitted did not indicate the injured worker to have diabetic neuropathy or postherpetic neuralgia. The request submitted failed to provide the frequency of the medication. Therefore, the request for Lyrica 75 mg #90 with 2 refills is not medically necessary.