

<b>Case Number:</b>	CM14-0160220		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	03/21/1994
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Physical Medicine and Rehabilitation 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 65 year old female who reported an injury on 03/21/1994 due to an unspecified mechanism of injury. Her diagnoses include chronic pain due to trauma and left leg/knee osteoarthritis. Her past treatments included an exercise program, manual therapy, and gait training. The submitted records did not provide pertinent documentation displaying past diagnostics, surgical and medication history. On an exam dated 09/26/2014, the injured worker complained that her left leg was warm and sore. On physical exam dated 09/26/2014, the treating physician noted passive ROM 3/10 on resisted therex reflex, soft tissue mobilization parapatella, myofascial release, and a pain scale value was not noted. The treatment plan was for Lyrica 75mg Qty 90 x 2 refills. The rationale was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg Qty 90 times 2 Refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 15-20.

**Decision rationale:** The request for Lyrica 75 mg QTY: 90 times 2 refills is not medically necessary. The injured worker was noted to have chronic pain due to trauma and osteoarthritis in the left knee and leg. The California MTUS Guidelines state Lyrica is recommended for neuropathic pain starting with an initial trial and the onset of action is thought to be less than 1 week. The guidelines also state that after initial treatment there should be quantitative documentation of pain relief, improvement in function, and documentation of side effects incurred with use before approval of refills. Based on guidelines, this request is not supported due lack of measurable documentation to support pain relief, improvement in function, and notable side effects for current use. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request is not medically necessary.