

<b>Case Number:</b>	CM14-0164252		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	09/18/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 55 year old male who had a fall injury on 09-18-2009 resulting in low back pain radiating to the lower extremities, a left wrist fracture, and left knee and ankle pain. Left wrist surgery was accomplished in 10/2009 with subsequent hardware removal. On 11-26-2013 the injured worker had a multi-level lumbar fusion. He continues to complain of low back pain radiating to both lower extremities with associated numbness and tingling, neck pain radiating to the right upper extremity, left wrist and hand pain, left knee pain, anxiety and stress. The exam reveals decreased lumbar range of motion, lumbar spasm, tenderness to palpation of the lower lumbar spine, and diminished sensation in the region of the L4/L5 dermatomes. There is bilateral lower extremity weakness. The diagnoses include lumbar radiculopathy, lumbar degenerative disk disease, cervical strain and degenerative disk disease, right-sided shoulder bursitis and tendonitis, left knee sprain, and depression. Lyrica was started for the neurologic complaints 12-10-2013 and has been increased over time to 75 mg twice daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 19.

**Decision rationale:** Pregabalin (Lyrica, no generic available) 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. At the time of this review, Lyrica has no approved indication for lumbosacral radiculopathy. The treating physician does not show why gabapentin could not be used in this instance. Gabapentin is a recommended consideration for those who have lumbar spinal stenosis. Therefore, Lyrica 75mg #60 is not medically necessary in this instance.