

<b>Case Number:</b>	CM14-0180975		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	11/20/1994
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 11/20/94. She was seen by her provider on 8/21/14 with complaints of neck pain and left hand tingling. She reported no problems with her medications. Her medications included premarin, dilaudid, duragesic, lyrica, flexeril and remeron. Her exam showed no focal deficits and normal gait. Her cervical range of motion was decreased. Spurling test was negative and axial loading was positive. She was tender to palpation over the midline cervical spine and paraspinal neck musculature. Her diagnoses were chronic pain syndrome, depressive disorder, fibromyalgia, other chronic pain, rheumatism/fibrositis and sprain/strain of neck. At issue in this review is the prescription for lyrica. Length of prior prescription is not documented in the note.

### 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 Anti Epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Pregabalin or 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. The medical records fail to document any significant improvement in pain, functional status or side effects to justify ongoing use. She does not have diabetic neuropathy or postherpetic neuralgia. The medical necessity of lyrica is not substantiated in the records. The request is not medically necessary.