

<b>Case Number:</b>	CM14-0093524		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/24/1998
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Pain Management 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:

This 63 year-old patient sustained an injury on 6/24/1998 while employed by [REDACTED]. Request(s) under consideration include Lyrica 150 mg. #90-refill 5. Diagnoses include chronic pain syndrome, knee pain, pain self-management deficit, chronic. Report of 4/24/14 noted patient with ongoing chronic pain symptoms with knee pain rated at 8/10. The patient had stopped chiropractic treatment and symptoms worsened. She continues on Fentanyl and is not working. Report of 5/27/14 from the provider noted the patient with chronic knee pain; had stopped Fentanyl and was taking Oxycodone, Lyrica for constant symptoms involving knee and right hip. The patient had deferred the ilioinguinal nerve surgery, but now would like to pursue surgical option. Exam showed antalgic gait; lumbar spine with tenderness at L4 paraspinal and iliolumbar regions bilaterally. The request(s) for Lyrica 150 mg. #90-refill 5 was modified on 6/6/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150 mg. #90-refill:** 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 Pregabalin (Lyrica) Page(s): page 100.

**Decision rationale:** This 63 year-old patient sustained an injury on 6/24/1998 while employed by [REDACTED]. Request(s) under consideration include Lyrica 150 mg. #90-refill 5. Diagnoses include chronic pain syndrome, knee pain, pain self-management deficit, chronic. Report of 4/24/14 noted patient with ongoing chronic pain symptoms with knee pain rated at 8/10. The patient had stopped chiropractic treatment and symptoms worsened. She continues on Fentanyl and is not working. Report of 5/27/14 from the provider noted the patient with chronic knee pain; had stopped Fentanyl and was taking Oxycodone, Lyrica for constant symptoms involving knee and right hip. The patient had deferred the ilioinguinal nerve surgery, but now would like to pursue surgical option. Exam showed antalgic gait; lumbar spine with tenderness at L4 paraspinal and iliolumbar regions bilaterally. The request(s) for Lyrica 150 mg. #90-refill 5 was modified on 6/6/14. Pregabalin (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. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain of rated at 8/10 pain level and remains unchanged for this 1998 injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. Lyrica 150 mg. #90-refill is not medically necessary and appropriate.