

<b>Case Number:</b>	CM14-0097460		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Internal 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 44 year old female injured on 10/13/08 while lifting a student from a chair resulting in low back pain which progressed to involvement in the entire right lower extremity. Treatment included physical therapy, chiropractic therapy, transforaminal epidural steroid injection, medial branch block to the L4-5 level, medication management, and microlumbar decompression. The injured worker reported a decrease from 4-5/10 to 1/10 following medial branch block performed on 12/06/13. Diagnoses include status-post partial laminectomy at L4-5, HNP at L5-S1, and ongoing bilateral neuropathic leg pain. The clinical note dated 06/20/14 indicated the injured worker presented complaining of increased back pain and leg symptoms. The injured worker reported improved pain following rhizotomy performed on 02/28/14; however, the injured worker reported recurring within previous week. The injured worker described pain as aching low back pain rated 1-2/10 with radiation to posterior aspect of bilateral thighs intermittent burning sensation. Physical examination revealed tenderness to palpation about the bilateral L4-5 lumbar facets, positive facet loading to bilateral L4-5 level, decreased lumbar range of motion, decreased sensation to right L3 and L4 dermatomes and left L5 dermatomes, and motor strength 4/5 to left EHL all others 5/5. Medications include Lyrica 200mg 1 tablet per day and Percocet 5/325mg 1 tablet PRN. The request for Lyrica 75mg #60 and Lyrica 100mg #60 was initially non-certified on 06/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75 mg. # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): Page: 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Pregabalin (Lyrica), Page(s): 99.

**Decision rationale:** As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. Documentation indicates the injured worker utilizes Lyrica 100mg BID for neuropathic pain. There is no documentation of prescribing of 75mg doses. As such, the request for Lyrica 75 mg. # 60 cannot be recommended as medically necessary.

**Lyrica 100 mg. # 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): Page: 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Pregabalin (Lyrica) Page(s): 99.

**Decision rationale:** As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the request for Lyrica 100 mg. # 60 is recommended as medically necessary at this time