

<b>Case Number:</b>	CM14-0212140		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	09/22/2006
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 records presented for review indicate that this 44-year-old female sustained an injury on September 22, 2006. The mechanism of injury is stated to be cumulative trauma. A recent progress note dated December 3, 2014 indicates a complaint of low back pain radiating to the buttocks. Current medications include Motrin, Lyrica, Norco, and Flexeril which were stated to be helpful although there was a complaint of stomach upset with the use of Motrin. Pain was rated at 6-7/10 with medication and 8-9/10 without medication. The physical examination revealed tenderness along the lumbar spine paraspinal muscles and facet joints and decreased lumbar spine range of motion. There were trace patellar reflexes and Achilles reflexes were 1+. Motor strength was 5/5 bilaterally. Diagnoses included that of low back pain, lumbar discogenic pain, lumbar degenerative disc disease, bilateral chronic L5 - S1 radiculitis, lumbar myofascial pain syndrome, and chronic pain syndrome. There was a request for Lyrica 75 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #90 with Refill: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drug (AEDs) Page(s): 16, 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs  
Page(s): 16, 19, 99.

**Decision rationale:** The California MTUS guidelines support Lyrica for the treatment of pain associated with diabetic neuropathy, post-herpetic neuralgia (FDA approved) and fibromyalgia. This medication is designated as a schedule V controlled substance because of its causal relationship with euphoria. It is an anti-epilepsy drug (AED) and is recommended for those situations where there is objectified neuropathic pain, although there is some discussion and lack of expert consensus with this application. Additionally, the MTUS notes that the continued use of this medication will depend on the balance between effectiveness and any adverse reactions. As such, this request does not meet guideline criteria and is not considered to be medically necessary. The attached medical record does not indicate that the injured employee is diagnosed with a condition clearly caused by neuropathic pain, nor are there any complaints of lower extremity radicular symptoms or physical examination findings to indicate a potential neuropathy. As such, this request for Lyrica is not medically necessary.