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| <b>Case Number:</b>   | CM15-0011281 |                              |            |
| <b>Date Assigned:</b> | 01/28/2015   | <b>Date of Injury:</b>       | 03/18/2005 |
| <b>Decision Date:</b> | 03/18/2015   | <b>UR Denial Date:</b>       | 01/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/20/2015 |

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 55 year old male who sustained an industrial injury on 03/18/2005 due to repetitive motion. He has reported headache, pain in the right shoulder, low back, and knee. He reported constipation but denied having diarrhea, upset stomach fever, chest pain or any recent emergency room visit. Diagnoses include depression, cervicgia, cervical radiculopathy, lumbar facet dysfunction, bilateral shoulder pain, glenohumeral ligament laxity, bursitis, tendinitis, and gastritis. Treatments to date include a left L4-L5 and L5-S1 laminotomy and foraminotomy and intraoperative fluoroscopy on 11/05/2014. Tramadol ER for chronic pain, Elavil 10 mg for insomnia, and Lyrica 50 mg twice daily for nerve -type pain. In a progress note dated 11/19/2014 the treating provider notes the IW states his pain overall has improved in his lower back. Numbness and tingling is reported in the left lower extremity, and the IW states that medications are helping. Examination showed sensation to be decreased to light touch in the left lower extremity and left upper extremity diffusely. Strength testing was within normal limits. Tenderness to palpation was noted over the cervical paraspinal and upper back and in examination of the lower paraspinal musculature and bilateral shoulders. The visit of 12/17/2014 referenced in the UR report is not found in the medical records. On 01/06/2015 Utilization Review non-certified a request for Lyrica 75mg twice daily #60, noting there was no clear indication by documentation that the injured worker was having radicular symptoms. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg twice daily #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The request is considered not medically necessary. According to MTUS guidelines, pregabalin (Lyrica) is FDA approved for the treatment of diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia which the patient was not diagnosed with. Anti-convulsants are generally used for neuropathic pain but the exam findings did not show radiculopathy. There was no objective documentation of improvement in function. Therefore, the request is considered not medically necessary.