

<b>Case Number:</b>	CM15-0015687		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	08/18/1999
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 48 year old male, who sustained an industrial injury on August 18, 1999. The diagnoses have included status post laminectomy syndrome of the lumbar region, spasms of muscle, degenerative lumbar/lumbosacral intervertebral disc, lumbago, thoracic/lumbosacral neuritis/radiculitis, injury to lumbar nerve root, and injury to lumbosacral plexus. He was status post spinal cord stimulator implant in 2009, status post intrathecal pump placement in 2013, and status post fusion of lumbar 1 -sacral 1 in 2010. Treatment to date has included work modifications, nerve blocks, epidural steroid injection, TENS (transcutaneous electrical nerve stimulation), physical therapy; pain, migraine, anti-epilepsy, non-steroidal anti-inflammatory, and anti-epilepsy medications, and an intrathecal pump with pain and muscle relaxant medications. On January 15, 2015, the treating physician noted continuing muscle spasms of the back with increased "popping". The cold/wet weather increases the injured worker's pain greatly, and his pain was rated 8-10/10. The physical exam revealed the injured worker alternated between lying down and sitting with ongoing baseline symptoms. He complained of severe burning pain with allodynia. The severe burning pain was consistent with neuropathic pain. The treatment plan was to continue current pain, migraine, and anti-epilepsy medications, to continue the intrathecal pump with pain and muscle relaxant medications, a trial of medical tetrahydrocannabinol (THC), home exercise program, and CT of the lumbar spine. On January 22, 2015 Utilization Review non-certified a prescription for Lyrica 150mg #90, noting the lack of evidence of objective functional benefit with this medication. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Lyrica 1500mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

**Decision rationale:** According to MTUS guidelines, “Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant ), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain.” There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, the patient was prescribed anti-epilepsy medications, intrathecal pump, and muscle relaxant medications and there is no documentation of side effects or failure of these medications. There is no clear proven efficacy of Lyrica for neck pain. Therefore, Lyrica 150mg # 90 is not medically necessary.