

<b>Case Number:</b>	CM15-0179469		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/29/2008
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male, who sustained an industrial injury on May 29, 2008. He reported low back pain. The injured worker was diagnosed as having post-laminectomy pain syndrome of the lumbar spine, lumbar radiculopathy and chronic pain syndrome. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, spinal cord stimulator trial with (50%) improvement done on 4-22-2015, medications and work restrictions. Currently, the injured worker continues to report low back pain radiating down the bilateral lower extremities described as constant, aching, sharp and throbbing with associated tingling and numbness in bilateral legs. He noted the pain was made worse with sitting and standing. It was noted he ambulated with a waddling gait and used a walker for assistance. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. Evaluation on May 12, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale. Evaluation on July 13, 2015, revealed continued pain as noted. He rated his pain at 10 on a 1-10 scale with 10 being the worst without medications and 7-8 on a 1-10 scale with the use of medications. Medications including Lyrica were continued. He reported decreased tingling and numbness with Lyrica. The RFA included a request for Lyrica 150mg po three times a day a needed to improve neuropathic pain symptoms #90 and was non-certified on the utilization review (UR) on August 14, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150mg po three times a day a needed to improve neuropathic pain symptoms #90:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009,  
Section(s): Anti-epilepsy drugs (AEDs).

**Decision rationale:** MTUS Guidelines support the use of Lyrica for neuropathic pain disorders if there is meaningful pain relief without intolerable side effects. This individual meets these Guideline criteria. The neuropathic pain characteristics of needles and numbness can be as stressful and impact quality of life just as much as nociceptive pain. The reported improvement in these measures justifies its ongoing use per Guideline standards. Under these circumstances, the Lyrica 150mg po three times a day a needed to improve neuropathic pain symptoms #90 is supported by Guidelines and is medically necessary.