

<b>Case Number:</b>	CM15-0026661		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	07/23/2008
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 54 year old male who sustained an industrial related injury on 7/23/08 when a forklift rolled and crushed him. The injured worker had complaints of back, leg pain, urinary incontinence, erectile dysfunction, paraparesis, and complex regional pain syndrome. Diagnoses included multiple closed pelvic fractures with disruption of pelvic circle, neurogenic bladder, lumbar spine degenerative disc disease, urinary incontinence, crushing injury of multiple sites, causalgia of lower limb, chronic low back pain, lumbar radiculopathy, erectile dysfunction, paraplegia, chronic intractable pain syndrome, and major depression. Treatment included psychotherapy, left wrist open reduction internal fixation, penile revascularization, urethral reconstruction, sacroiliac joint diagnostic/therapeutic injections, Botox injection for bladder incontinence, acupuncture therapy, right inguinal herniorrhaphy, lumbar epidurals and lumbar sympathetic blocks, spinal cord stimulator implantation, and aqua therapy. Medications included Oxycontin, Oxycodone, Lyrica, Elavil, Tamsulosin, and Baclofen. The treating physician requested authorization for Lyrica 300mg #30. On 1/30/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker was currently prescribed a daily dose of 900mg of Lyrica. This exceeds the Food and Drug Administration approved dosage; therefore the addition of Lyrica 300mg is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 300mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Pregabalin (Lyrica) Page(s): 18-19.

**Decision rationale:** According to the 01/21/2015 report, this patient presents with back, leg pain, urinary incontinence, erectile dysfunction, paraparesis, CRPS - type II, gait dysfunction, excessive sweating, depression and anxiety. The current request is for Lyrica 300mg #30 for the burning pain in the legs. The request for authorization is on 01/21/2015. The patient's work status is Permanent and Stationary. Regarding Lyrica for pain, MTUS Guidelines recommend it for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Lyrica was first mentioned in the 07/23/2014 report and it is unknown exactly when the patient initially started taking this medication. Review of the provided reports indicates that the patient has neuropathic pain and the treating physician mentions that the medications help alleviate the pain and help him to maintain his daily activities." In this case, given that the patient presents with neuropathic pain and the treating physician documented medication efficacy. Therefore, the request IS medically necessary.