

<b>Case Number:</b>	CM15-0075398		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	11/16/2008
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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, Alabama, 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 was a 52-year-old female, who sustained an industrial injury, November 16, 2008. The injured worker previously received the following treatments Norflex, Lyrica, Norco, Colace, status post microdiscectomy at L5-S1, Lumbar spine MRI, physical therapy, home exercise program and home care assistance. The injured worker was diagnosed with lumbar sprain/strain, left shoulder impingement syndrome, left thoracic outlet surgery, lumbar degenerative disc disease and cervical strain with early degenerative disc disease of the cervical spine. According to progress note of October 3, 2014, the injured workers chief complaint was chest and lumbar spine pain with radiation into the lower extremities. There was associated numbness and tingling and difficulty with prolonged a standing and walking. The physical exam noted decreased range of motion to the left shoulder. There was tenderness with palpation over the paravertebral musculature with spasms. The straight leg raises were positive and decreased range of motion. The treatment plan included a prescription for Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg qty: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available) Page(s): 19-20, 99.

**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, there is no clear proven efficacy of Lyrica for back pain. Therefore, the request of Lyrica 75mg #60 is not medically necessary.