

<b>Case Number:</b>	CM15-0094794		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	03/11/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Arizona, California

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 is a 54 year old male, who sustained an industrial injury on March 11, 2009. The injured worker reported sudden groin pain. The injured worker was diagnosed as having right inguinal hernia and inguinodynia with inguinal nerve entrapment. Treatment to date has included surgery, nerve blocks and medication. A progress note dated April 10, 2015 the injured worker complains of lower abdominal pain with radiation to low back, testicle and leg. He rates the pain as ranging between 5-10/10 and basically unchanged. He reports sleep disturbance due to pain. Physical exam notes lower right abdominal pain. The plan includes Norco, Lyrica and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

**Decision rationale:** According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with Norco for several months. Symptoms were stable. Benefit derived from Lyrica was not described. There is no indication for continued use and the Lyrica is not medically necessary.