

<b>Case Number:</b>	CM13-0050067		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/19/1997
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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: North Carolina  
 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 female individual who sustained an industrial injury on 12-19-97. The medical records indicate that the injured worker was being treated for lumbar post laminectomy syndrome; lumbar radiculopathy; obesity, gastroesophageal reflux disease; depression. She currently (4-24-13) complains of constant, severe low back pain radiating into her left leg with burning and numbness and right shoulder blade. The duration of the requested medication was not present. Treatments to date include removal of spinal cord stimulator (4-24-13); medications: (past) Neurontin, Prevacid, Norco, Zanaflex: (current): Prevacid, Effexor, Neurontin, Vicodin, tramadol, Zanaflex. The request for authorization was not present. On 10-15-13 Utilization review non-certified the request for Lyrica 100mg and modified to #90 tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LYRICA 100MG:** Upheld

**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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The California chronic pain medical treatment guidelines section on Lyrica states: Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. (Blommel, 2007) This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. (ICSI, 2007) (Tassone, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Crofford, 2005) (Stacey, 2008)The patient does not have the diagnoses of diabetic neuropathy, fibromyalgia or post herpetic neuropathy. There is no documentation of failure of other first line agents for peripheral neuropathy pain that the patient is experiencing. Therefore guideline recommendations have not been met and the request is not medically necessary.