

<b>Case Number:</b>	CM13-0045633		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/31/2003
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old female who reported an injury on 10/31/2003. The patient is currently diagnosed with left upper extremity complex regional pain syndrome type 1, cervical myoligamentous injury with upper extremity radicular symptoms, status post left ulnar nerve transposition in 2006, lumbar myoligamentous injury and bilateral lower extremities radiculopathy, reactionary depression and anxiety, right shoulder sprain and strain syndrome, cervical spinal cord stimulator implant in 2008 with revision and replacement in 2012, right upper extremity spasmodic condition, xerostomia, and medication induced gastritis. The patient was seen by [REDACTED] on 09/24/2013. The patient reported ongoing upper extremity pain, rated 9/10. Physical examination revealed a notable loss of grip strength on the left with hypersensitivity in the medial elbow and the ulnar nerve distribution, tenderness to palpation in the medial scapular region, decreased range of motion of the left shoulder, consistent spasm in the right upper extremity, contracture of the right hand, tenderness to palpation of the lumbar spine bilaterally with multiple trigger points, decreased lumbar range of motion, positive straight leg raising bilaterally, sensory deficit along the posterolateral thigh and posterolateral calf bilaterally, and decreased strength. Treatment recommendations included continuation of current medication including Norco, Topamax, Lexapro, Prilosec, and Lyrica.

### 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 Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

**Decision rationale:** California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and has been FDA approved for both conditions. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report 9/10 pain. The patient's physical examination does not reveal any significant changes that would indicate functional improvement. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.