

<b>Case Number:</b>	CM13-0066504		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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:

This is a 38-year-old male with a 3/23/12 date of injury, who injured his right upper extremity. He had an ORIF of the left index finger with exploration of the tendon sheath as well as a MUA of the left index finger PIP and DIP joints on 10/04/12. He was given a diagnosis of Chronic Regional Pain Syndrome in 2012. He was out on Neurontin but was unable to get it. He was seen on 11/12/13 with ongoing complaints of his right upper limb pain. Exam findings included allodynia of the left index finger, he was not in distress. His diagnosis is CRPS (chronic regional pain syndrome).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LYRICA 75 MG #120 WITH 2 REFILLS FOR PAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy.

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

**Decision rationale:** The MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also

establishes neuropathic pain as an indication for Lyrica. This patient has a diagnosis of Chronic Regional Pain Syndrome, which is neuropathic pain in nature, and Lyrica is an appropriate medication for this diagnosis. However, this is a new medication and the patient should be monitored at least in one month to assess efficacy. Therefore, the request for Lyrica one-month supply with two refills was not medically necessary.