

<b>Case Number:</b>	CM14-0106478		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/06/2006
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 55-year-old male who reported injury on 11/06/2006. The mechanism of injury was not submitted for review. The injured worker has diagnoses of bulging disc at C4-5, C5-6, and C6-7, right carpal tunnel syndrome, and left carpal tunnel syndrome. Past medical treatment consists of physical therapy, surgery, carpal tunnel release bilaterally, the use of a brace bilaterally, and medication therapy. Medications include Duexis and Lyrica. There were no current urinalysis or drug screens submitted for review. On 07/19/2013, the injured worker complained of neck pain. Physical examination revealed that the cervical spine had a range of motion of 70 degrees on flexion and 70 degrees on extension. Deltoids were 5/5, biceps were 5/5, and wrist flexors and extensors were 5/5. The treatment plan is for the injured worker to continue the use of these medications. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg Qty90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin (Lyrica, no generic available) Page(s): 16, 19-20.

**Decision rationale:** The request for Lyrica 75mg Qty: 90 is not medically necessary. The California MTUS Guidelines indicate that Lyrica is recommended for neuropathic pain. The California MTUS states Lyrica is an anticonvulsant that 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. This medication is designated as a schedule 5 controlled substance because of its causal relationship with euphoria. This medication also has an antianxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. As per guidelines above, the injured worker is not within the MTUS Guidelines. The injured worker had no diagnosis of diabetic neuropathy or postherpetic neuralgia. Furthermore, there was no notation in the submitted report indicating that the injured worker had any type of anxiety. The submitted report dated 07/19/2013 lacked any clear objective findings to support ongoing neuropathic conditions which would reasonably require the use of an anticonvulsant. Although Lyrica is a first line recommendation medication in the treatment of neuropathic pain. The submitted documentation did not substantiate the use of this medication. Furthermore, the request as submitted did not indicate the frequency of this medication. As such, the request for Lyrica 75mg Qty: 90 is not medically necessary.