

Case Number:	CM14-0014435		
Date Assigned:	02/28/2014	Date of Injury:	07/03/2000
Decision Date:	06/27/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for persistent neck pain, arm pain, shoulder pain, and carpal tunnel syndrome reportedly associated with an industrial injury of July 3, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; and earlier carpal tunnel release surgery in 2007. In a Utilization Review Report of February 3, 2014, the claims administrator partially certified Lyrica for weaning purposes. Lyrica was reportedly denied on the grounds that the applicant's arm pain was not neuropathic in nature and on the grounds that the attending provider did not state how much Lyrica was to be employed. The applicant's attorney subsequently appealed. A December 27, 2013 progress note was notable for comments that the applicant reported persistent right arm pain, constant. It was stated that the applicant did not want to have further surgery and that he was able to get by with Lyrica. The applicant reportedly did reportedly have historical issues with hypertension and diabetes. The applicant's medication list included Actos, Lipitor, Lyrica, Norvasc, and Rapaflo. The applicant had diminished cervical range of motion and 5/5 upper extremity strength appreciated. The applicant was given diagnoses of cervical disk degeneration, brachial neuritis, cervicgia, neuralgia, and neuritis. The applicant was asked to continue Lyrica. The attending provider wrote that Lyrica was reducing the applicant's pain and improving the applicant's function. It was stated that the applicant had been laid off by his former employer. The applicant stated that his pain levels are dropping to 4/10 with Lyrica usage. On September 30, 2013, the applicant asserted that Lyrica did help control his arm pain. A refill of Lyrica was issued at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 50MG ONE PER DAY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 17

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PREGABALIN TOPIC Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, Lyrica is considered a first-line treatment for neuropathic pain, including pain associated with diabetic neuropathy. In this case, the employee reportedly has a number of suspected causes of right upper extremity pain, including carpal tunnel syndrome, suspected cervical radiculopathy, and/or diabetic neuropathy. The attending provider has posited that ongoing usage of Lyrica has been beneficial. It is further noted that, contrary to what was suggested by the claims administrator, that page 3 of the MTUS Chronic Pain Medical Treatment Guidelines seemingly espouses the position that all chronic pain conditions have some central or neuropathic component. The employee and attending provider have asserted that ongoing usage of Lyrica has attenuated and diminished the employee's right upper extremity neuropathic complaints. Continuing Lyrica, on balance, is therefore, indicated. Accordingly, the request is medically necessary.