

Case Number:	CM14-0015500		
Date Assigned:	02/28/2014	Date of Injury:	02/20/2013
Decision Date:	08/06/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 case of a 61-year old female who has submitted a claim for fibromyalgia, and carpal tunnel syndrome right wrist associated with an industrial injury date of 02/20/2013. Medical records from 2013 were reviewed. Patient complains of continuous 9/10 right wrist pain with numbness and tingling into the hand. Most of the AP reports were not legible to review. Physical exam findings include tenderness upon flexion and extension of right wrist, positive for Tinel's, Finkelstein's and Phalen's signs. There was decreased sensation in the median nerve distribution. There was also noted tenderness on the paraspinals and trapezius with associated spasm and guarding. Treatment to date has included cortisone injection on the right wrist and oral pain medications. Medications included varying doses of Lyrica. No other medication was documented, except for surgical plans. Utilization review dated 02/04/2014 did not approve the request for Lyrica 150 mg #240 because of the lack of documentation and lack of clinical evidence to establish the necessity for Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND OUTCOMES-PREGABALIN Page(s): 19.

Decision rationale: According to page 19 of the California MTUS Guidelines on Chronic Pain Management, Pregabalin (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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. 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. In this case, although use of Pregabalin has been approved by the FDA for the treatment of fibromyalgia, there is no documentation regarding the functional relief of patient when taking her medications. There was also no indication how long or how often the patient has been taking Lyrica. Therefore, the request for Lyrica 150 #240 is not medically necessary.