

<b>Case Number:</b>	CM14-0017539		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	06/21/2008
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Internal Medicine and Pulmonary Diseases 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:

The injured worker is a 51 year old male who reported an injury on 06/21/2008. The worker was injured while working on an overhead light. As per clinical note dated 01/14/2014 the injured worker complained of right sided facial weakness described as aching in quality with pins and needles to the neck and shoulders and burning with pins and needles to the upper extremities. The injured worker reported relief with physical therapy, injections, medications and frequently changing positions. The injured worker reported pain rated 7-8/10 without pain medications and 6-7/10 with pain medications. The physical exam revealed 5/5 bilateral upper extremity strength, sensation is intact but slightly decreased over C6-7 dermatome on the right. Positive Tinel's sign at the left wrist, negative Tinel's at the right wrist, as well as a positive Tinel's at the right elbow. The injured worker had positive paresthesia with palpation to the right side of face. The injured worker reported increased ability to perform activities of daily living with medication. The injured worker had diagnoses including neck pain, chronic pain, myofascial pain, chronic pain syndrome, numbness, anxiety. The injured worker was scheduled to see a neurologist and have a nuclear scan. The provider recommended Lyrica 100 mg #90 on 01/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LYRICA 100MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs and Pregabalin Page(s): 19-20, 99.

**Decision rationale:** The request for Lyrica 100 mg #90 is not medically necessary. The injured worker complained of right sided facial numbness, pain in the upper extremities described as pins and needles with burning pins and needles. The California MTUS Guidelines note Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA approval for both. This medication has an anti-anxiety effect. It has been suggested that this drug be avoided if the injured worker has a problem with weight gain. There is no established trial period, but the onset of action is thought to be less than one week. The clinical information submitted fails to provide documentation of diabetic neuropathy and or postherpetic neuralgia. There was a lack of documentation of significant objective functional improvement with the medication. Therefore, the recommendation for Lyrica 100 mg number 90 is not medically necessary.