

<b>Case Number:</b>	CM14-0110910		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 40 year old male injured on 01/14/12 as a result of cumulative trauma to the feet and low back while working with waste management. Diagnoses include lumbosacral sprain/strain and bilateral wrist/hand overuse injury with mild de Quervain's disease of the right wrist. Documentation indicates the injured worker underwent right de Quervain's tenosynovectomy on 06/24/14. Clinical note dated 06/30/14 indicates the injured worker presented status post-surgical intervention. The injured worker reported pain increased with movements of the hand and wrist and activities of daily living. Additionally, the injured worker complained of low back pain with radiation to the right lower extremity with numbness and tingling into the right foot. Medications included Voltaren XR and Lyrica. The initial request for Lyrica 75 mg #60 was non-certified on 07/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75 mg. #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

**Decision rationale:** As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the request for Lyrica 75 mg #60 is recommended as medically necessary at this time.