

<b>Case Number:</b>	CM14-0122976		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/27/2004
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Emergency Medicine and Fellowship Trained in Emergency Medical Services 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 43 year-old female who reported an injury on 11/27/2004. The mechanism of injury was not provided. The diagnoses included chronic regional pain syndrome of the right upper extremity, reflex sympathetic dystrophy of the right upper limb and carpal tunnel syndrome. Past treatments included medications and conservative care. There were no diagnostic studies provided for the review. It was noted on 04/04/2014 that the injured worker reported chronic pain in the right upper extremity. The physical examination findings revealed tremor of the right upper extremity. The injured worker was being prescribed Lyrica for pain. The treatment plan was for Lyrica 100mg #90 with 5 refills. The rationale for the request and the authorization form were not provided for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100 mg # 90 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 16, 19, 20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Page(s): 19-20.

**Decision rationale:** The request for Lyrica 100mg #90 with 5 refills is not medically necessary. The California MTUS state that Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia. The injured worker has a history of chronic pain in the right upper shoulder. The injured worker has been treated with medications and conservative care. The guideline above recommends Lyrica for the treatment of diabetic neuropathy and post herpetic neuralgia. There is no documentation within the medical record to support that the injured worker has pain that is neuropathic in nature nor has the appropriate diagnoses to warrant the request. There is also no documentation within the medical record to support the efficacy of the medication in providing pain relief and improving function. The request as submitted did not provide a frequency for the medication. Therefore in the absence of documentation supporting that the injured worker has the appropriate diagnoses or neuropathic pain, with no evidence that the medication is improving function and providing pain relief, and due to the request itself not providing the frequency for the medication the request is not warranted. As such the request is not medically necessary.