

Case Number:	CM14-0126522		
Date Assigned:	08/13/2014	Date of Injury:	02/02/2005
Decision Date:	10/02/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 51 year old female with a work injury dated 2/2/05. The diagnoses include cervical spondylosis; cervical stenosis; medial epicondylitis. Under consideration is a request for Lyrica 75 mg Qty 90. There is a primary treating physician report dated presents for follow up with unchanged pain throughout stating no changes in pain levels. She states workers comp denied physical therapy and massage therapy, patient states the Lyrica she is taking is helping to reduce her spasms, She is requesting a refill today of Lyrica. Patient can perform the following activities without assistance: cook - needs to take breaks, dress, shower/bath, drive, she is only able to lift and pull under 5 lbs. or less. Her prior treatment includes Acupuncture with only 10% relief with her mobility in her neck which was just a little helpful. Physical therapy which was 30% helpful with her mobility, she states she had slight improvement with her strength and pain, she also used a tens unit for several months except it is no longer working. The patient states when she was using it, it gave her about 20% relief with her pain. Patient states she also had injection therapy which only gave her very temporary relief with her pain at about 20% follow up reporting unchanged 8 out of 10 pain in the neck described as aching, dull, spasm, tightness. She reports of unchanged 7 out of 10 pain in the shoulders described as spasm, tightness. She reports of unchanged 4 out of 10 pain in the left elbow described as weakness. She is currently working. She reports difficulty with sleep. On exam the reflexes 2+ and symmetric at the biceps, brachioradialis, triceps, patellar, and Achilles. No motor deficits. Alert and oriented x 3. There is no abnormal curvature of the cervical spine. There are no obvious deformities. There are surgical scars. There is tenderness to palpation over the right sub occipital region, left suboccipital region, right upper cervical facets, left upper cervical facets, right lower cervical facets, left lower cervical facets. There is decreased cervical range of motion. The treatment plan includes a refill

of Lyrica. Patient felt drowsy and dizzy on Lyrica 150mg. Will reduce to 100mg QHS and slowly titrate up. Otherwise, doing well. Improved pain and function on the medication, but incomplete relief. Signs of aberrant behavior are absent. A 6/16/14 document states that Lyrica at 50 mg did not provide benefit. She was advised to increase the dose to 75mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg qty #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: Lyrica 75mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Pregabalin (Lyrica, no generic available) 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. The guidelines state that antiepileptic medications can be used for neuropathic pain. The documentation indicates no history or physical exam findings suggestive of neuropathic pain. Furthermore the patient did not receive benefit after starting Lyrica. The patient states that Lyrica reduces her spasms; however Lyrica is not an antispasmodic medication. The request for Lyrica 75mg #90 is not medically necessary.