

<b>Case Number:</b>	CM14-0151045		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/14/2006
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 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 58-year-old female with a 2/14/06 date of injury. The mechanism of injury occurred when she slipped on some hydraulic oil as she was attempting to push a connector into a robot and she fell, landing on her left side, injuring her lower back, left shoulder, and left knee. According to a progress report dated 7/16/14, the patient stated that she has tried to increase her activities both in the pool with aqua therapy and by walking. Both modalities cause her to have pain. Her hemoglobin A1c has stayed in the 15 range. Objective findings: skin is clear, feet are purple/plum colored on a cool morning. Diagnostic impression: multiple orthopedic trauma February 2006 on the job, Diabetes mellitus type 2, gastritis, clinically hyperthyroid, status post left shoulder surgery. Treatment to date: medication management, activity modification, left rotator cuff repair surgery. A UR decision dated 8/15/14 denied the request for Lyrica. There is no documentation of significant change in VAS score, pain, or functional improvement noted with the continued use of the requested medication. It is unclear if the patient failed a trial of generic Gabapentin prior to this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 200mg #30 with 5 refills.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19-20,99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

**Decision rationale:** MTUS states that 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. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. In the present case, the patient has a diagnosis of diabetes mellitus type 2. Physical exam findings revealed that the patient's feet are purple/plum colored on a cool morning, indicative of diabetic neuropathy. Guidelines support the use of Lyrica as a first-line agent for the treatment of diabetic neuropathy. Therefore, the request for Lyrica 200mg #30 with 5 refills is medically necessary.