

Case Number:	CM14-0155311		
Date Assigned:	09/25/2014	Date of Injury:	12/06/2007
Decision Date:	10/27/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

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 and is licensed to practice in Illinois. 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 46-year-old male who reported an injury on 12/06/2002 reportedly while working in the cafeteria, the injured worker was lifting heavy pots when he sustained an injury to his left shoulder. The injured worker's treatment history included physical therapy, anti-inflammatory medications, MRI of the left shoulder, surgery, and medications. The injured worker was evaluated on 09/16/2014 and it was documented that the injured worker complained of shoulder, neck, and back pain. The injured worker rated his pain at 7/10 on the pain scale. Physical examination of the right shoulder revealed left elbow flexion was 4-/5, right elbow flexion was 4+/5, and left grip strength was 4/5, and right grip strength was 5/5. Sensation to light touch was intact bilaterally in C5-8 and L3-S1 dermatomes, except for paresthesias to light touch noted in the upper arm. On examination of the neck and back, there was significant atrophy noted. Atrophy was noted to the left shoulder and scapula. Medications included diazepam 5 mg, Lyrica 200 mg, Oxycontin 600 mg, Cymbalta 60 mg. Diagnoses included cervical disc degeneration, cervical disc displacement with myelopathy, frozen shoulder. The provider noted that he reassured the injured worker his intention was not to remove the Oxycontin abruptly in the near future, but to increase the Lyrica for added pain control, then titrate Oxycontin downward. The Request for Authorization, dated 09/10/2014, was for Lyrica 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #60: Upheld

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

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

Decision rationale: The request for Lyrica 100 mg is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. On 09/16/2014 the documents there was no diagnoses indicating diabetic neuropathy or post herpetic neuralgia for the injured worker. The request did not include frequency or duration of medication. Documentation submitted failed to indicate the injured worker's pain was not described as neuropathic in nature. The documentation notes the injured worker is also being prescribed Neurontin, and there is no rationale provided indicating why the injured worker would require 2 antiepileptic medications. As such, the request for Lyrica 100 mg is not medically necessary.