

Case Number:	CM14-0159623		
Date Assigned:	10/03/2014	Date of Injury:	12/01/2002
Decision Date:	10/29/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

This injured worker is a 60 year old man involved in a work related injury from 12/1/02. The injured worker carries multiple diagnoses, including shoulder pain, elbow pain, ulnar neuropathy and lateral epicondylitis. He is using multiple medications. Exam notes decrease in range of motion at the cervical spine and shoulder, with tenderness. There is epicondylar tenderness as well. The request is for Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg, 1 capsule at AM and 2 capsules every noon, p.o. quantity 90, refill 1 for the management of symptoms related to cervical spine, right shoulder, right elbow injury:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19,99, of 127. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: The available information does not support the use of Lyrica. The injured worker has no overt subjective complaints or objective findings to support an active neuropathy

or radiculopathy. There is no data that with the use of Lyrica the injured worker's pain level is decreased or that there is any improvement in function. Given this, there is no indication to continue this drug based on available data. Therefore the requested medication is not medically necessary.