

<b>Case Number:</b>	CM14-0165122		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	01/28/2003
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old male with a 1/28/03 date of injury. At the time (9/29/14) of the Decision for Lyrica 200mg tid #90 with 3 refills, there is documentation of subjective (left elbow and left hand pain with burning sensation) and objective (restricted bilateral shoulder range of motion, tenderness over the left biceps groove, tenderness to palpation over the lateral epicondyle with positive Tinel's sign, and decreased motor strength over the upper extremities) findings, current diagnoses (shoulder pain, elbow pain, and extremity pain), and treatment to date (medications (including ongoing treatment with Lyrica)). 9/18/14 medical report identifies that with the use of Lyrica the burning sensation in the left hand is significantly decreased and that the patient reports 70% pain relief with use. There is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lyrica use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 200mg tid #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Lyrica. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of shoulder pain, elbow pain, and extremity pain. In addition, there is documentation of neuropathic pain and ongoing treatment with Lyrica. However, despite documentation that with the use of Lyrica the burning sensation in the left hand is significantly decreased and that the patient reports 70% pain relief with use, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lyrica use to date. Therefore, based on guidelines and a review of the evidence, the request for Lyrica 200mg tid #90 with 3 refills is not medically necessary.