

<b>Case Number:</b>	CM14-0172382		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/06/2006
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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:

The injured worker is a 61 years old male with a date of injury on 1/06/2006. Details of the original injury are not available but the injured worker was diagnosed with chronic neck strain and left shoulder injury, leading to difficulty lifting his arm. Notes from 11/13, 2/14 and 5/14 are reviewed, indicating ongoing left shoulder and neck pain. The injured worker was using multiple medications, including Norco, Lyrica and Cymbalta. There was also use of ibuprofen, Topamax and Lidoderm patches. The 7/30/14 note indicates ongoing left upper extremity pain and a need for Pennsaid topical drops. An exam noted lumbar pain with difficulties with range of motion, and muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica (pregabalin) 150mg capsules UD:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, this drug is utilized to treat neuropathic and radiculopathic pain. The injured worker has shoulder

pain that has been persisting for months, if not years. There is no indication that the injured worker has any neuropathic pain in the shoulder or radiculopathic pain stemming from the cervical spine. There is also no data to suggest that there has been any utility with the Lyrica over the months, noting concomitant use of multiple medications, including Topamax, Norco, ibuprofen and Cymbalta. Given the available information, the request is not supported and is not medically necessary.