

<b>Case Number:</b>	CM14-0175651		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	04/25/2001
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Family 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 69-year-old female who reported an industrial injury to the bilateral upper extremities and neck on 4/25/2001, over 13 years ago, attributed to the performance of her usual and customary job tasks attributed to cumulative trauma. The patient is being treated for bilateral carpal tunnel syndrome; degenerative joint disease to the cervical spine; and a rotator cuff injury. The industrial claim was accepted for the neck, right shoulder, bilateral wrists, and fingers. The patient has received a trigger finger release; right shoulder arthroscopic surgical intervention; left-sided CTR and ongoing conservative treatment. The Electrodiagnostic studies during 2011 documented evidence of diabetes mellitus without evidence of entrapment neuropathy or motor radiculopathy. The patient had been prescribed Lyrica and Mobic for pain. The treatment plan included Lyrica 100 mg Q8 hours #90 for neuropathic pain and mobile 15 mg Q day #30 for inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99. Decision based on Non-MTUS Citation Official Disability

**Decision rationale:** The patient was prescribed Lyrica 100 mg #90 based on chronic pain without evidence of neuropathic pain. There are no documented objective findings consistent with neuropathic pain on physical examination related to the cervical spine and bilateral upper extremities. Electrodiagnostic studies confirm that there is no entrapment neuropathy and no cervical spine nerve compression radiculopathy. The patient has subjective findings that are non-focal. The patient was not demonstrated to have been previously prescribed Gabapentin (Neurontin) and there is no documented neuropathic pain issue. The patient is not documented to have neuropathic pain. There is no documented nerve impingement radiculopathy or neurological deficits along a dermatomal distribution. The patient has been treated for chronic pain issues reported to be due to the DOI 13 years ago. The PTP has speculated that the subjective symptoms are consistent with neuropathic pain; however, does not provide objective findings on examination to support the presence of neuropathic pain for the cited diagnoses. The diagnoses do not support the medical necessity for prescribed Lyrica. The treating physician has provided this medication for the daily management of this patient's chronic pain reported as neuropathic pain. The prescription of Lyrica is recommended for neuropathic pain; however, the ACOEM Guidelines does not specifically recommend Lyrica for the treatment of chronic non-neuropathic pain. Gabapentin or pregabalin is not recommended for treatment of chronic, non-neuropathic pain by the ACOEM Guidelines. It is clear that there is no documentation of significant neuropathic pain for this patient. The ACOEM Guidelines revised chronic pain chapter states that there is insufficient evidence for the use of Gabapentin or Lyrica for the treatment of axial neck and bilateral upper extremity pain. The CA MTUS and the Official Disability Guidelines state that there is insufficient evidence to support the use of Gabapentin or Lyrica for the treatment of chronic non-neuropathic pain. The use of Lyrica is for neuropathic pain; however, evidence based guidelines do not recommend the prescription of Lyrica for chronic neck and upper back pain with a subjective or objective radiculopathy and favors alternative treatment. There is no demonstrated medical necessity for the prescribed Lyrica 100 mg #90 for the treatment of the effects of the industrial injury.