

<b>Case Number:</b>	CM14-0037829		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/10/2010
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 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:

The injured worker is a 62-year-old female who reported an injury on 02/10/2010. Prior treatments included surgical intervention for right carpal tunnel syndrome on 09/09/2010. The documentation of 12/18/2013 revealed the injured worker was taking Lyrica which provided some relief. Additionally, the injured worker indicated she would like to proceed with a stellate ganglion block. The injured worker had pain radiating to the forearm, upper arm, and shoulder. The injured worker described the pain as constant and moderate. Associated symptoms included numbness of the entire hand, numbness, tingling, weakness, and persistent stiffness and electrical burning in the entire hand. The documentation indicated the injured worker had undergone carpal tunnel surgery x2. The diagnoses included hand pain and it was indicated the injured worker had neuropathic pain. The physician opined the injured worker was a candidate for stellate ganglion block for diagnostic and therapeutic purposes. The injured worker's medication history included Lyrica as of 12/2013. The documentation of 03/05/2014 revealed the injured worker continued utilizing Lyrica. The review of systems revealed weakness in the right upper extremity and left upper extremity and the injured worker was positive for anxiety and depression. The treatment plan included continuation of the same medications and a stellate ganglion block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75 mg, 1 po BID, #60, 1 refill (prescribed 3-05-14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend anti-epileptic medications as a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 4 months. There was a lack of documentation of the above criteria. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for Lyrica 75 mg, 1 by mouth twice a day #60, 1 refill prescribed 03/05/2014, is not medically necessary.