

<b>Case Number:</b>	CM14-0038338		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/13/1997
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 72-year-old female who reported an injury on 08/13/1997. The mechanism of injury was not provided for review. The most recent clinical note provided for review was from 01/09/2013. The injured worker's diagnoses at that time included fibromyalgia, sleep disorder syndrome, rotator cuff syndrome, and sicca syndrome. The injured worker's medication included synthroid, Tylenol 500 mg, Norco 5/325 mg, Lyrica 75 mg, Cymbalta 60 mg, and tramadol 50 mg. It was noted that the injured worker had 18 out of 18 tender points in the cervical and thoracic area, the lateral epicondyle, and the knee. Request was made at that appointment for a refill of medications, to include Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Convulsants, page(s) 16 Page(s): 16.

**Decision rationale:** MTUS does recommend anticonvulsants as a first line medication in the management of chronic pain. The injured worker does have an injury over 16 years old. Therefore, this medication would be appropriate to treat the injured worker's chronic pain. However, no recent clinical documentation submitted for review indicates the need for medication management. Therefore, there was no way to establish the need for this medication. Therefore, continued use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Lyrica 75 mg #120 is not medically necessary or appropriate.