

<b>Case Number:</b>	CM14-0043498		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/21/1997
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 52-year-old female who reported an injury on 10/21/1997. The mechanism of injury was not stated. Current diagnoses include myalgia and myositis, Raynaud's syndrome and lumbar disc displacement. The only Primary Treating Physician's Progress Report submitted for this review is documented on 10/29/2013. The injured worker reported total body pain, chronic fatigue and problems sleeping. Physical examination revealed no new joint swelling, normal neurologic examination, and negative rheumatoid arthritis deformities. Treatment recommendations at that time included continuation of the current medication regimen and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyricea 75 mg 2 x day, # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines CHRONIC PAIN/LYRICA Page(s): 19, 20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Lyricea has been documented to be effective in treatment of diabetic neuropathy

and postherpetic neuralgia. The injured worker does not maintain either of the above mentioned diagnoses. There was no evidence of neuropathic pain. The medical necessity for the ongoing use of this medication has not been established. As such, the request is non-certified.