

Case Number:	CM14-0044596		
Date Assigned:	07/02/2014	Date of Injury:	08/25/2009
Decision Date:	11/25/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/11/2014

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 42 year old female patient who sustained a work related injury on 8/25/2009. The exact mechanism of injury was not specified in the records provided. The current diagnoses include chronic lumbar backache, recurrent myofascial strain, and neuropathic pain. Per the doctor's note dated 3/6/14, patient has complaints of bilateral neck pain. Physical examination revealed tenderness with restricted cervical range of movements, tenderness in upper extremities, muscle spasm, normal motor strength, and positive facet Arthropathy in the neck region. The current medication lists include Skelaxin, OxyContin, Lyrica, Norco, Prilosec, and Arthrotec. In past, she had been treated with Naproxen, Tizanidine, Oxycodone, Fentanyl, and Exalgo. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include Anterior Cervical Discectomy and Fusion at C5-C6 in October 2011; C2-3 and C3-4 right-Sided Facet Joint Median Branch Blocks and Radiofrequency Ablation in the past for the treatment of facet Arthropathy; Endometriosis, Right Shoulder Surgery, Gall Bladder Surgery in 1992, Pyloric Valve Surgery in 1990. Any operative/ or procedure note was not specified in the records provided. The patient has had urine drug screen on 11/22/13 was consistent with current medications other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg number 60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Muscle Relaxants; Antiepilepsy Drugs; Non-Steroidal Anti-

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16, 19.

Decision rationale: Lyrica is an Antiepilepsy medication. According to MTUS chronic pain guidelines, regarding antiepileptics, "Recommended for neuropathic pain (pain due to nerve damage)". Regarding Lyrica/ Pregabalin, "Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007, the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. "The current diagnoses include chronic lumbar backache, recurrent myofascial strain, and neuropathic pain Per the doctor's note dated 3/6/14, patient has complaints of bilateral neck pain and physical examination revealed tenderness with restricted cervical range of movements, tenderness in both upper extremities, muscle spasm, and positive facet Arthropathy in the neck region The patient's surgical history include Anterior Cervical Discectomy and Fusion at C5-C6 in October 2011; C2-3 and C3-4 Right-Sided Facet Joint Median Branch Blocks And Radiofrequency Ablation in the past for the Treatment Of Facet Arthropathy, Right Shoulder Surgery. The patient therefore has chronic myofascial pain along with neurological involvement .It is deemed that Lyrica 100mg 1 tab orally twice daily number 60 with 2 refills is medically appropriate and necessary.