

Case Number:	CM14-0049569		
Date Assigned:	07/07/2014	Date of Injury:	07/25/2003
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 56 year old female who sustained an industrial injury on 07/23/2003. The mechanism of injury was a 50 pound roller bag that fell from the overhead compartment and struck the left side of the patient's head, left shoulder, and left hand and wrist. Her diagnoses include left shoulder pain with a left labrum tear, cervicgia, cervical disc disease, back pain, and carpal tunnel syndrome. On exam there is decreased range of cervical motion with spasms and guarding. There is allodynia in the left upper extremity with discoloration and decreased temperature. The treatment has included medical therapy with Ambien, Lyrica, Ultram ER, Protonic, Cyclobenzaprine, and Celebrex. The treating provider has requested Lyrica 75 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg QTY:120 / 30 day supply RX 2/3/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines California MTUS 2009 Page(s): pages15, 20 (pdf format).

Decision rationale: The recommended medication, Lyrica is not medically necessary for the treatment of the patient's condition. Per the documentation she has chronic pain however there is no documentation indicate the response to Lyrica therapy. Per the California MTUS Guidelines 2009 anti-epilepsy medications are a first line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and postherpetic neuralgia and has been used effectively for the treatment of neuropathic pain. A reported reduction in her pain with the medical therapy would be defined as a 50% reduction which would represent a good response. Medical necessity has not been documented and the requested treatment is not medically necessary for treatment of the patient's chronic pain condition.