

Case Number:	CM14-0052297		
Date Assigned:	07/07/2014	Date of Injury:	09/01/2011
Decision Date:	08/29/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/21/2014

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 with a reported date of injury on 09/01/2011. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnosis included right bilateral carpal tunnel syndrome and left cervical scalene hypertrophy. The injured worker's surgical history includes right shoulder arthroscopic debridement in 06/2012, and right carpal tunnel endoscopic release on 11/24/2011. Previous conservative care was not provided within the documentation available for review. The injured worker presented with right shoulder fluctuating shoulder pain. The cervical spine range of motion revealed flexion to 40 degrees, extension to 65 degrees, right lateral bending to 50 degrees, and left lateral bending to 45 degrees. Muscle strength was rated 5/5. The injured worker's medication regimen included Zohydro, gabapentin, hydrocodone, cyclobenzaprine, trazodone, Singulair, vitamin D3, vitamin D, ferrous sulfate, B12, Advair inhaler, Ventolin inhaler, Alupent, Xopanax, and metformin. The plan of care included to consolidate medications to a more integrated pharmacological management and assessing causes of persistent carpal tunnel syndrome symptoms and causes of pain and limited range of motion in the left shoulder. The rationale for the request was not provided within the documentation available for review. The request for authorization for Lyrica 75 mg #90 was submitted on 04/21/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs: Pregabalin (Lyrica) Page(s): 19.

Decision rationale: The California MTUS Guidelines recommend Lyrica as an effective treatment for diabetic neuropathic pain and postherpetic neuralgia, the FDA has approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule 5 controlled substance because of its casual relationship with euphoria. Lyrica has an anti-anxiety effect. The clinical information provided for review, lacks documentation describing the injured worker's pain utilizing a VAS pain scale. The rationale for the request was not provided within the documentation available for review. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Lyrica 75 mg #90 is not medically necessary.