

<b>Case Number:</b>	CM14-0056012		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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, has a subspecialty in Interventional Spine, 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 patient is a 45-year-old male with an injury date of 04/01/2009. Based on the 04/01/2014 progress report, the patient has scalp tenderness to palpation on the right side in the region of the occipital nerve. In regards to the cervical spine, the patient has a decreased range of motion and deep pressure of the shoulder increases pain. In regards to the thoracic spine, there is tenderness in the mid-thoracic spine around T8. Thoracic spine tenderness to palpation is mild at the posterior thoracic spine from T3 through T10 and in the paravertebral muscles with extension to the right flank. The patient's diagnoses include the following: 1. Cervical strain/pain. 2. Migraine headaches. 3. Myofascial tension in the thoracic region. 4. Nondisplaced rib fractures involving the right 2nd, 3rd, 4th, 5th, and 6th ribs along the anterolateral margins, with persistent pain. 5. Mild post-concussion syndrome, minor head injury, posttraumatic stress disorder, and mild amnesia. 6. Sleep dysfunction due to pain. 7. Gastrointestinal symptoms related to analgesic medications, previously prescribed for industrial injury. 8. Deconditioning due to prolonged pain. 9. Depression related to chronic pain and head injury. 10. Post-traumatic stress disorder. 11. Erectile dysfunction due to chronic pain. 12. Neuro pain radiating from cervical and thoracic radicular sources due to multiple vertebral injuries. 13. Lumbosacral spine magnetic resonance imaging on 04/22/2011 with evidence of 2-level degenerative changes. On 05/02/2013, the patient had a lumbar epidural steroid injection (no levels indicated), and on 04/10/2014, the patient had a right medial branch block at C5-C6 and C6-C7. The utilization review determination being challenged is dated 04/14/2014. Treatment reports were provided from 03/19/2013 - 05/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 200 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

**Decision rationale:** Based on the 04/01/2014 progress report, the patient has nondisplaced rib fractures, mild concussion syndrome, cervical strain/chronic pain, myofascial tension in the thoracic region, migraine headaches, sleep dysfunction, gastrointestinal symptoms, deconditioning, depression, posttraumatic stress disorder, and erectile dysfunction due to industrial injury. The request is for Lyrica 200 mg #30. The patient has been taking Lyrica as early as 07/22/2013. MTUS Guidelines has the following regarding pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment or both. In June 2007, the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." There is no discussion provided as to what Lyrica has done for the patient. The denial letter states that "A medication report documents that the patient has been prescribed Lyrica 200 mg #30 since 07/22/2013. Prior to that, the patient was prescribed Lyrica 200 mg #30 and Lyrica 50 mg #60 on 06/18/2013." Due to lack of documentation demonstrating efficacy, this request is not medically necessary.