

Case Number:	CM14-0075849		
Date Assigned:	07/16/2014	Date of Injury:	08/19/1998
Decision Date:	09/22/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 53 year old female injured on 08/19/98 due to repetitive lifting and transferring resulting in neck and right upper extremity injury. Diagnoses included chronic pain syndrome, degeneration of cervical intervertebral disc, cervical spondylosis without myelopathy, headache syndrome, migraine, insomnia, dyspepsia, generalized osteoarthritis, and morbid obesity. Clinical note dated 04/23/14 indicated the injured worker presented for repeat evaluation of left sided neck pain and headaches. The injured worker reported three migraines in the previous month rated 3-7/10. The injured worker previously underwent shoulder surgery times three, multiple epidural steroid injections, trigger point injections, physical therapy, transcutaneous electrical nerve stimulation unit, and multiple medication trials. Physical examination revealed diminished range of motion in the cervical spine, tenderness of left paravertebral muscles and left suboccipital area, negative Spurling, restricted right shoulder range of motion, tenderness over left paravertebral muscles of the lumbar spine, straight leg raise negative, tenderness over upper cervical facets, decreased abduction internal rotation of the right shoulder, and no other abnormalities noted. Medications included propranolol, Lyrica, promethazine, Norco, Cymbalta and Prilosec. The initial request for Lyrica 150mg one capsule three times daily for 30 days #90 two refills for chronic pain was non-certified on 05/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg 1 capsule three times daily for 30 days #90, 2 refills for chronic pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no indication in the documentation that the injured worker has been diagnosed with fibromyalgia or has objective findings consistent with neuropathic pain. As such, the request for Lyrica 150mg 1 capsule three times daily for 30 days #90, 2 refills for chronic pain cannot be recommended as medically necessary.