

Case Number:	CM14-0094489		
Date Assigned:	07/25/2014	Date of Injury:	01/19/2006
Decision Date:	09/03/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Nevada. 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 51-year-old female who was reportedly injured on January 9, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 5, 2014, indicates that there are ongoing complaints of bilateral shoulder pain. The current medications include Norco and pain was rated at 8/10 without medications and 4/10 with medications. The physical examination demonstrated muscle tension and trigger points along the trapezius and rhomboids. There was decreased range of motion of both shoulders secondary to pain as well as a positive Hawkins test and Neer's test and empty can test. Muscle strength was decreased at the right upper extremity and there was tenderness in the bilateral acromioclavicular joints as well as the subdeltoid bursa bilaterally. The diagnostic imaging studies were not reviewed during this visit. The previous treatment includes a right-sided carpal tunnel release and subacromial steroid injections. A request was made for Lyrica and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Lyrica 100mg.#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines mtus
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Decision rationale: Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has Food and Drug Administration approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. The medical record indicates that the injured employee is not diagnosed with any of these conditions nor is there any evidence of a neuropathy on physical examination. Therefore this request for Lyrica is not medically necessary.