

<b>Case Number:</b>	CM14-0178518		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 & 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 patient is a 44 year old male with date of injury 02/23/2012. The treating physician report dated 10/03/2014 indicates that the patient presents with pain affecting the neck, lower back, and bilateral wrist. The patient rates his pain 6/10 with medication and 9/10 without medication. The physical examination findings reveal tenderness of the cervical, thoracic, and lumbar spine and both wrists. Prior treatment history includes physical therapy, chiropractic treatment, acupuncture, exercises, medication, and a TENS unit. MRI findings reveal L4-5 disc protrusion. The current diagnoses are: 1. Lumbar radiculopathy 2. Lumbar facet syndrome 3. Cervical Strain 4. Carpal Tunnel Syndrome The utilization review report dated 10/22/2014 denied the request for Lyrica 100mg capsule SIG: take 1 at bedtime, #30 for the management of symptoms related to the lumbar, cervical spine, and bilateral wrists: based on guidelines not being met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg capsule SIG: take 1 at bedtime, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, 22.

**Decision rationale:** The patient presents with pain affecting the neck, lower back, and bilateral wrist. The current request is for Lyrica 100mg capsule SIG: take 1 at bedtime, #30 for the management of symptoms related to the lumbar, cervical spine, and bilateral wrists. The primary treating physician's 10/03/2014 report states, "He states that medications are working well. Patient reports drowsiness with Lyrica. He notes it is effective. Patient reports he remains highly functioning with use of current medication regimen. With medications he is able to continue working full time. Per patient without medications he would not be able to tolerate work activities." MTUS recommends Lyrica for neuropathic pain. MTUS page 60 requires that pain and function with medication usage be recorded. In this case the treating physician has documented decreased pain and improved function with Lyrica usage and the medication is supported by MTUS. The request is medically necessary.