

Case Number:	CM14-0186891		
Date Assigned:	11/14/2014	Date of Injury:	12/31/2002
Decision Date:	01/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal Medicine 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 an injured worker with a history of low back and left shoulder injuries. The physical medicine and rehabilitation evaluation dated 6/09/14 documented that the patient had an industrial injury dating back to February 03, 2002 for the low back and December 31, 2002 for the left shoulder. The low back injury developed insidiously while his vehicle seat was repetitively striking the bottom of the vehicle when he drove over bumps. The patient had an insidious onset of left shoulder pain, which progressed. He underwent left shoulder surgery on 6/28/04. Past medical history included diabetes mellitus and hypertension. Medications were Lyrica 75 mg BID, Felodipine, Losartan, Januvia, and Byetta. Physical examination was documented. Lumbar spine examination demonstrated tenderness in the paraspinal muscles, with no guarding or spasm. There was restricted range of motion. He was able to walk on toes and heels. Fabere was negative. Negative straight leg raise test bilaterally was noted. Left shoulder showed healed incision in the left shoulder with no laxity. Slight tenderness to palpation anteriorly and laterally. Slight restricted range of motion. Motor strength was normal in bilateral upper extremities and lower extremities. Sensory was intact. Deep tendon reflexes were normal. Gait was normal. Cerebellar examination was normal. Diagnoses were status post left shoulder surgery with intermittent pain, and chronic low back pain chronic low back pain. The progress report dated 10/7/14 documented negative Fabere and negative straight leg raise test. There was some mild tenderness in the paraspinal muscles. Flexion was 80 degrees. Extension was 20 degrees. Lateral bending was 30 degrees. Left shoulder shows no laxity, with flexion 170 degrees, abduction 170 degrees, internal and external rotation 80 degrees, adduction 40 degrees, extension 30 degrees. Motor strength was 5-/5 in the left shoulder. Sensory was intact in the upper and lower extremities. Diagnoses were left shoulder surgery with intermittent symptoms, and chronic low back pain. The progress report dated 10/12/14 documented satisfactory

condition. No recurrent shoulder problems were noted. The patient is fully employed. Patient was alert and appeared comfortable. Shoulder range of motion was good. Strength was satisfactory. Diagnoses were left shoulder tendinitis and left shoulder pain. The treatment plan included a request for Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60 2 Refills Qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs (Anti-Epilepsy Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS); Pregabalin (Lyrica) Page(s): 16-20; 19-20.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lyrica (Pregabalin) 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 for both. Pregabalin was also approved to treat fibromyalgia. Lyrica is an anti-epilepsy drug (AED). Antiepilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). The progress reports dated 10/7/14 and 10/12/14 do not document neuropathic pain or objective evidence of neuropathy. Therefore, the use of the anti-epilepsy drug Lyrica is not supported by MTUS guidelines. Therefore, the request is not medically necessary.