

Case Number:	CM14-0189401		
Date Assigned:	11/20/2014	Date of Injury:	02/03/2002
Decision Date:	01/16/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 3, 2002. In a Utilization Review Report dated November 3, 2014, the claims administrator failed to approve a request for Lyrica. The claims administrator suggested that the applicant did not have issues with neuropathic pain for which Lyrica would be indicated. The claims administrator stated that Lyrica was not indicated in the treatment of fibromyalgia as was/is present here. The claims administrator did document issues with adult-onset diabetes and chronic low back pain which were present. The claims administrator stated that its decision was based on a progress note and/or RFA form dated October 7, 2014. In a handwritten note dated October 17, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of shoulder pain. The applicant's shoulder range of motion was reportedly satisfactory. The applicant was overweight. The applicant was described as "fully employed." Weight reduction and better diabetes management were endorsed. In a progress note dated October 7, 2014, the applicant reported ongoing complaints of back and shoulder pain. 5-/5 left shoulder strength was noted. The applicant was asked to employ Lyrica for stated diagnosis of chronic shoulder pain status post shoulder surgery with intermittent symptoms of chronic low back pain. Home exercises were recommended. The applicant stated that he was doing well on Lyrica and was trying to stay active. The applicant's work status was not clearly stated on this particular occasion. On July 26, 2014, the applicant was described as "quite active" despite ongoing complaints of shoulder and back pain. Lyrica was renewed. In a physical medicine evaluation dated June 9, 2014, the applicant was described as having ongoing issues with low back pain radiating to the bilateral lower extremities, highly variable, 2-6/10. The applicant was diabetic and hypertensive, it was

acknowledged. The applicant's medication list included Lyrica, felodipine, losartan, Januvia, and Byetta, it was noted. Portions of the note were truncated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg QTY #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanism, Antiepilepsy Drugs, Pregabalin Page(s): 3, 16, 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is recommended as a first-line treatment for diabetic neuropathic pain and/or postherpetic neuralgia. Page 16 of the MTUS Chronic Pain Medical Treatment Guidelines notes that anticonvulsant medications such as Lyrica, as a class, are "recommended" for neuropathic pain. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines espouses a rather expansive definition on neuropathic pain, noting that neuropathic pain is characterized by symptoms such as lancinating, electric shock-like, tingling, numbing and burning sensations. In this case, the applicant has ongoing issues with lower extremity paresthesias, either as a result of a lumbar radicular process or a peripheral neuropathic process. Per the treating providers, the applicant has demonstrated a favorable response to prior usage of the same as evinced by his successful return to work with and reports of appropriate analgesia achieved as a result of ongoing Lyrica usage. Continuing the same, on balance, was therefore indicated. Accordingly, the request is medically necessary.

Lyrica 75mg #60 with 2 refills QTY #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanism, Antiepilepsy Drugs, Pregabalin Page(s): 3, 16, 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is considered first-line treatment for diabetic neuropathic pain. In this case, the applicant is a longstanding diabetic. The applicant had issues with diabetes documented as early as a medical-legal evaluation in 2005. The applicant has ongoing complaints of lower extremity pain and paresthesias which are suggestive of either a diabetic neuropathic or a lumbar radicular process. Page 16 of the MTUS Chronic Pain Medical Treatment Guidelines notes that antiepilepsy drugs, as a class, are recommended for neuropathic pain. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines finally, espouses rather expansive definition of neuropathic pain, noting that neuropathic pain is any pain characterized by symptoms such as lancinating, shock-like, numbing, tingling, and/or burning sensations, all of

which are seemingly present here. The applicant has demonstrated a favorable response to ongoing usage of Lyrica as evinced by is successful return to work with and reports of appropriate analgesia achieved as a result of the same. Continuing Lyrica, thus, on balance, was indicated. Therefore, the request is medically necessary.