

<b>Case Number:</b>	CM14-0191768		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/20/2000
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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, has a subspecialty in Pain 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:

This is a patient of the date of injury of March 20, 2000. A utilization review determination dated November 6, 2014 recommends noncertification of Lyrica. Noncertification is recommended due to lack of documentation of a dose or frequency of use and no mention of the medication in the doctor's note. A progress report dated October 29, 2014 identifies subjective complaints of neck pain with cervicogenic headaches. The patient has complaints of complex regional pain syndrome in her right upper extremity. The spinal cord stimulator provides 40% pain relief. She was on Topamax which was discontinued and uses Prozac for depression. She is also using Neurontin for neuropathic pain. The note indicates that her pain medication has been slowly cut back. Objective examination findings revealed decreased range of motion in the shoulder due to acromioclavicular pain with positive hypersensitivity and allodynia in the thumb and 2nd digit. The patient also has positive Tinel's and Finkelstein's test on the right wrist. She has decreased sensation in the L5 and S1 distribution of the left lower extremity. Diagnoses include sympathetically mediated pain in the right upper extremity, status post right CTR and De Quervain's release, left carpal tunnel syndrome, right shoulder impingement syndrome, cervical spine sprain/strain, SCS, lumbar myoligamentous injury, lumbar facet arthropathy, status post left knee arthroscopy, and medication induced gastritis. The treatment plan recommends continuing her current medications, steroid injection for the thumb, trigger point injections for the cervical spine and headache, and follow up with the psychiatrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica (no dose or frequency provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21.

**Decision rationale:** Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the requesting physician indicates that the patient's pain is doing well on the current medication regimen including gabapentin. There is no indication that the patient has had intolerable side effects or lack of efficacy from the gabapentin to support the need to transition to Lyrica. Additionally, no recent progress reports indicate any recommendation to transition to Lyrica. Furthermore, the current request and has no dosage, frequency, or duration specified. Guidelines not support the open-ended application of any medications, and there is no provision to modify the current request. As such, the currently requested Lyrica is not medically necessary.