

<b>Case Number:</b>	CM14-0194751		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/01/2004
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 57 year old male was an installation and crane operator when he sustained an injury on August 1, 2004. The injured worker reported injury to the left wrist, hand, and elbow as the result of repetitive work. The diagnoses and results of the injury included a sprain/strain of the trapeziometacarpal joint of the thumb and upper extremity tendinitis. Other diagnoses were degenerative arthritis of the trapeziometacarpal joint. Prior treatment included medications, thumb brace, transcutaneous electrical nerve stimulation (TENS), physical therapy, and steroid injections. The injured worker underwent an excision arthroplasty of the thumb in 2005, and then developed a neuroma and carpal tunnel syndrome. The injured worker underwent a carpal tunnel release and exploration of the neuroma in 2006 and a neurectomy of the radial nerve at the wrist level on August 6, 2012. On October 27, 2014, the primary treating physician noted chronic, progressively worsening pain of the left wrist with crepitus, stiffness, weakness, instability, burning, tingling and numbness. The pain was constant and severe, and radiated to the left hand. In addition, the injured worker reported chronic left shoulder pain with radiation to the elbow and wrist. The physical exam revealed decreased range of motion of the shoulders, back and left hip, pain with range of motion of the shoulders, normal muscle strength of all major muscle groups, no abnormal spinal curvatures, and no neurological deficits. The physician's assessment included wrist, elbow, and shoulder pain, and chronic pain due to trauma. Current medications included thyroid hormone, statin, pain, sleep, anti-Parkinson's, and antiepileptic. The physician recommended RICE therapy (rest, ice, compression, and elevation), passive range of motion, isometric exercise, stretching, an anti-inflammatory/antirheumatic medication, and a dietary supplement. On November 11, 2014, the primary treating physician noted continued severe pain of the left wrist with no sensation. The injured worker had burned the wrist with a heating pad. The physical exam revealed forearm and hand muscle atrophy, lack of soft tissue of the radial

aspect of the wrist, significant scarring as noted previously, and a healing second degree burn on the radial aspect of the wrist. The injured worker was wearing his thumb brace. Additional diagnoses included mononeuropathy of the arm, wrist enthesopathy, ulnar collateral ligament sprain, skin scar and fibrosis, tenosynovitis of the hand/wrist, and possible recurrent left carpal tunnel syndrome. The treatment plan included continuing pain and anti-inflammatory medications, and a request for a joint injection. On November 6, 2014 Utilization Review modified a prescription for Lyrica 75mg #270 with 3 refills. The Lyrica was modified based on the injured worker had been treated with Lyrica since October 2013, reported worsening symptoms since August 2014, and the applicable guidelines recommend Lyrica be weaned prior to discontinuing to prevent adverse withdrawal symptoms. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 prescription of Lyrica 75mg #270 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin), Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Lyrica. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of mononeuropathy of the arm, enthesopathy of wrist, and chronic pain due to trauma. In addition, there is documentation of neuropathic pain. However, given medical records reflecting prescription for Lyrica since at least 2/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lyrica use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Lyrica 75mg #270 with 3 refills is not medically necessary.