

<b>Case Number:</b>	CM14-0203444		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/01/2008
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Family Practice, 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:

According to the records made available for review, the injured worker is a 59 year-old female with a date of injury of 12/01/2008. The results of the injury include chronic pain of the right shoulder and arm. Diagnoses include injury to the brachial plexus, reflex sympathetic dystrophy, and torn rotator cuff with arthropathy. Diagnostic studies were not submitted for review. Treatments have included medications and surgical intervention. Medications have included Lyrica, Amrix, and Limbrel. A progress note from the treating physician dated 10/30/2014 documented a follow-up visit with the injured worker. The injured worker reported chronic pain and dysfunction in the right shoulder and arm; intermittent coldness/bluish discoloration in the hand/fingers; adequate pain control with use of Lyrica. The injured worker is reported to be working at this time. Objective findings include tenderness to the right shoulder/arm/hand with very limited range of motion; unable to raise the right arm; significant give-away weakness due to pain; normal function on the left; and joint stiffness and pain in other joints. The treatment plan includes continuation of Lyrica with titration to effect and follow-up as needed. Request is being made for Lyrica 25 mg #270 with 1 refill. On 11/24/2014, Utilization Review non-certified a prescription for Lyrica 25 mg #270 with 1 refill. Utilization Review non-certified a prescription for Lyrica 25 mg #270 with 1 refill based on the lack of documentation of objective functional benefit from the use of this medication to support the benefits reported by the injured worker; therefore, the medication is not medically necessary and appropriate. The Utilization Review cited the CA MTUS Chronic Pain Medical Treatment Guidelines: anti-epilepsy drugs (AEDs). Application for independent medical review was made on 12/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 25mg #270 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

**Decision rationale:** This patient receives treatment for chronic shoulder pain. Lyrica (pregabalin) is medically indicated to treat cases of neuropathic pain (painful diabetic neuropathy, postherpetic neuralgia) and fibromyalgia. The documentation in this case does not state that there has been an improvement in function with taking Lyrica. Based on the documentation of medial diagnoses different from those mentioned in the treatment guidelines, Lyrica is not medically indicated.