

Case Number:	CM14-0214202		
Date Assigned:	01/07/2015	Date of Injury:	05/11/2009
Decision Date:	05/04/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker (IW) is a 62 year old female who sustained an industrial injury on 05/11/2009. She reported shoulder pain, pain in the wrists, and pain to the touch. The injured worker was diagnosed as having shoulder pain, carpal tunnel syndrome, fibromyalgia, and rotator cuff syndrome. Treatment to date has included medications, physical therapy, chiropractic care, massage, and use of a TENS (Transcutaneous Electrical Nerve Stimulation) unit with pain management. Currently, (09/08/2014) the injured worker complains of chronic pain in the right shoulder left hands, arms, neck and chest. She reports significant pain relief and increased tolerance for activities of daily living while using Lyrica 75 mg. A request is made and submitted on 12/01/2014 for 180 Capsules of Lyrica 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Capsules of Lyrica 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Lyrica.

Decision rationale: Pursuant to the Official Disability Guidelines, Lyrica 100 mg #180 is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are pain in joints shoulder region; carpal tunnel syndrome; fibromyalgia; and rotator cuff syndrome. The request for authorization is dated December 4, 2014. The most recent progress note in the medical record is dated September 29, 2014. The earliest progress note in the medical record is dated May 12, 2014. In the May 12, 2014 progress note, the injured worker was taking Lyrica 75 mg b.i.d. In the September 29, 2014 progress note, the injured worker was taking Lyrica 75 mg b.i.d. The request for authorization documents Lyrica of 100 mg #180 tablets. There is no frequency on the directions. There is no contemporaneous progress note with a clinical indication or rationale for increasing Lyrica 75 mg to 100 mg. Consequently, absent clinical documentation with a clinical indication and rationale for increasing the Lyrica dose from 75 mg 100 mg with a dose frequency, Lyrica 100 mg #180 is not medically necessary.