

Case Number:	CM15-0103781		
Date Assigned:	06/08/2015	Date of Injury:	03/09/2012
Decision Date:	07/09/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/29/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 is a 53 year old female, who sustained an industrial injury on 3/9/12. The diagnoses have included left hand paresthesias, cervical myofasciitis, sprain/strain and history of epicondylitis. Treatment to date has included medications, activity modifications, off work, epidural steroid injection (ESI) and other modalities. Currently, as per the physician progress note dated 5/13/15, the injured worker complains of paresthesia in the left hand with pain in the left upper extremity which is constant. The pain is rated 6/10 on pain scale. She is currently not working and the pain is aggravated by activity. She reports that a new electromyography (EMG) will be ordered by her physician. The objective findings reveal that the left hand grip strength is less than the right. The right hand is 16-12-16 and the left hand is 12/10/10. There is decreased sensation noted in the left small finger and intermittent paresthesias is noted during the exam. The exam of the cervical spine reveals tenderness over the left trapezius. The physician noted that he recommends electromyography (EMG)/nerve conduction velocity studies (NCV) and to continue with the Lyrica as it is working well for the injured worker. The physician requested treatment included Lyrica 100mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: MTUS and ODG state that Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references. The medical records state that the patient is being treated for ulnar neuropathy. There is evidence of a reduction in sensation along the ulnar distribution. The documentation supports an improvement in symptoms while taking this medication. As such, the request for Lyrica 100mg #120 is medically necessary.