

Case Number:	CM15-0147341		
Date Assigned:	08/10/2015	Date of Injury:	04/16/2001
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/29/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 39-year-old female, who sustained an industrial injury on 4-16-2001. The mechanism of injury was a repetitive injury. The injured worker was diagnosed as having chronic pain syndrome, chronic headaches and fibromyalgia syndrome. There is no record of a recent diagnostic study. Treatment to date has included wrist splints, trigger point injections and medication management. In a progress note dated 6-18-2015, the injured worker complains of continued pain, but the pain is not described. Physical examination showed tenderness in the trapezius. The treating physician is requesting Lyrica 75 mg, #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19-20.

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

Decision rationale: The MTUS Guidelines recommend the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does not appear to have neuropathic pain based on the clinical reports, and there is not sufficient reasoning provided by the requesting provider on why Lyrica should be considered necessary. The request for Lyrica 75mg, #90 with 1 refill is determined to not be medically necessary.