

<b>Case Number:</b>	CM15-0148793		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Physical Medicine & Rehabilitation

### 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 64-year-old male, with a reported date of injury of 09-05-2007. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include chronic pain syndrome of the neck and right upper extremity, possible cervical radiculopathy versus right brachial plexopathy, neuropathic pain syndrome of the right upper extremity, pain-related insomnia, pain-related depression, and left lateral epicondylitis. Treatments and evaluation to date have included right lateral epicondyle surgery, which was unsuccessful; oral medications; a carpal tunnel brace; physical therapy for the left elbow, with no lasting benefit; a right Nirschl procedure with no benefit; and topical pain medication, which failed. The diagnostic studies to date have included an MRI of the right brachial plexus on 07-17-2009 which showed no findings suggesting a significant brachial plexus injury; an MRI of the cervical spine on 08-18-2008 which showed C5-6 mild diffuse annular disc bulge and osteophytic ridging creating mild left lateralizing central spinal canal stenosis and was associated with a mild left neural foraminal stenosis and a minimal right neural foraminal compromise; an MRI of the left elbow at 11-28-2012 which showed a small left elbow effusion; electrodiagnostic studies of the right upper extremity in 2008 and 2009 with normal findings; and an electrodiagnostic study of the left upper extremity on 12-03-2012 which showed evidence of slowing of the ulnar nerve at the left elbow, no evidence of left carpal tunnel syndrome, entrapment at the Guyon's canal, or peripheral polyneuropathy, and no evidence of left cervical radiculopathy or brachial plexopathy. The medical report dated 06-16-2015 indicates that the injured worker's neck pain seemed to have worsened over the past several months, and he was concerned. The injured worker also had more

problems with his left wrist recently. It was noted that the injured worker had an x-ray of his left elbow which showed some calcification in the area. It was also noted that the injured worker had electrodiagnostic studies of the left upper extremity on 02-06-2014 which showed evidence of median neuropathy at the left wrist consistent with mild left carpal tunnel syndrome. The injured worker reported approximately 50-60% reduction in his pain with the use of his medications. He rated his pain 8 out of 10 without medications, and 4 out of 10 with medications. He continued to have chronic neck pain and pain throughout his right upper extremity. The objective findings include tenderness to palpation diffusely about the right shoulder, tenderness to the right scapular region and the right rhomboids, slightly positive impingement signs on the right shoulder, positive right cross adduction testing, some tenderness throughout the right upper arm, forward flexion and abduction in the right shoulder at 90 degrees, normal left shoulder range of motion, significant tenderness overlying the right cubital tunnel and overlying the right radial tunnel, moderate tenderness at the left lateral epicondyle, some tenderness proximal to the left medial epicondyle, some tenderness at the left cubital tunnel, some radiating numbness and tingling to the ulnar distribution of the right hand, negative bilateral Phalen's testing, pain in his right elbow at the extremes of the right wrist palmar flexion, slightly reduced active range of motion in the right wrist in all planes due to pain and guarding, normal left wrist range of motion, no tenderness to palpation of the hands, slightly reduced flexion in the right fingers compared to the left, normal range of motion of the left wrist, tenderness to palpation throughout the cervical spine and the bilateral cervical paraspinal regions with spasm, and moderately-to-severely reduced range of motion in the cervical spine in all planes. The injured worker's current disability status was not indicated. The treating physician requested Lyrica 200mg #60 with two refills.

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

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

**Lyrica 200mg, 1 tablet by mouth twice daily #60, with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 1-127, 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 19-22.

**Decision rationale:** The patient was injured on 09/05/07 and presents with neck pain. The request is for LYRICA 200MG, 1 TABLET BY MOUTH TWICE DAILY #60, WITH 2 REFILLS. The RFA is dated 07/01/15 and the patient is permanent and stationary. He has been taking this medication as early as 02/03/15. MTUS Guidelines, pages 19-20, have the following regarding Lyrica: Pregabalin Lyrica, no generic available has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA-approval for both indications, and is considered first-line treatment for both. It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation." The patient has tenderness to palpation diffusely about the right shoulder, tenderness to the right scapular region and the right rhomboids, slightly positive impingement signs on the right shoulder, positive right cross adduction testing, some tenderness throughout the right upper arm,

tenderness overlying the right cubital tunnel and the right radial tunnel, moderate tenderness at the left lateral epicondyle, some tenderness proximal to the left medial epicondyle, some tenderness at the left cubital tunnel, some radiating numbness/tingling to the ulnar distribution of the right hand, pain in his right elbow at the extremes of the right wrist palmar flexion, slightly reduced active range of motion in the right wrist in all planes due to pain and guarding, slightly reduced flexion in the right fingers compared to the left, tenderness to palpation throughout the cervical spine and the bilateral cervical paraspinal regions with spasm, and moderately-to-severely reduced range of motion in the cervical spine in all planes. He is diagnosed with chronic pain syndrome of the neck and right upper extremity, possible cervical radiculopathy versus right brachial plexopathy, neuropathic pain syndrome of the right upper extremity, pain-related insomnia, pain-related depression, and left lateral epicondylitis. The 06/16/15 report states that the patient had 50-60% reduction in his pain with the use of his medications. He rated his pain 8/10 without medications and a 4/10 with medications. MTUS page 60 states that pain and function must be recorded when medications are used for chronic pain. In this case, the patient is receiving benefit from Lyrica. Therefore, the requested Lyrica is medically necessary.