

<b>Case Number:</b>	CM15-0194263		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 46 year old female, who sustained an industrial injury on 6-11-2014. The injured worker is being treated for right parascapular myofascial pain syndrome, right elbow epicondylitis and right wrist DeQuervain's tenosynovitis. Treatment to date has included diagnostics including electrodiagnostic testing, medications, activity restrictions, TENS, and physical therapy. Per the most recent submitted Primary Treating Physician's Progress Report dated 6-18-2015, the injured worker presented for orthopedic follow-up. She has significant pain that has not been responsive to oral analgesics, and gastrointestinal compromise. Voltaren gel was requested and declined. She has now begun to experience paresthesias involving the right upper extremity. Objective findings included cervical range of motion limited by pain and pain noted in the wrist with resisted digital extension. Per the medical records dated 4-20-2015 to 6-18-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. Work status was not provided per the report dated 6-18-2015. The plan of care included diagnostics and topical analgesics. Authorization was requested for Lyrica 75mg. On 9-08-2015, Utilization Review non-certified the request for Lyrica 75mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg, by mouth twice a day: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Based on the 6/18/15 progress report provided by the treating physician, this patient presents with bilateral upper extremity pain and pain in digits. The treater has asked for Lyrica 75mg, by mouth twice a day but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has worsening paresthesias involving the right upper extremity and the radial-mediated digits per 6/18/15 report. The patient has pain in the right elbow with associated burning, and pain in right wrist associated with motion/lifting per 5/21/15 report. The patient is currently experiencing increased right upper extremity paresthesias due to the denial of Voltaren gel per 6/18/15 report. The patient is s/p TENS unit use with modest benefit per 5/21/15 report. The patient's permanent and stationary status is being deferred per 6/18/15 report. MTUS Guidelines, Anti-epilepsy drugs (AEDs) section, page 19-20, under Lyrica states: "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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)." The utilization review letter dated 9/8/15 denies request due to lack of detailed physical exam, confirmatory electrodiagnostic studies, and lack of detailing of neuropathic symptoms and a clear diagnosis. In regard to the requested prescription for Lyrica, the request is appropriate. This patient presents with chronic neuropathic pain and does not have a history of using Lyrica. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The initiating request for Lyrica is reasonable and within MTUS guidelines. Hence, the request IS medically necessary.