

Case Number:	CM15-0195289		
Date Assigned:	10/09/2015	Date of Injury:	07/27/2008
Decision Date:	11/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/05/2015

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 62 year old female who sustained an industrial injury on 7-27-2008. A review of medical records indicates the injured worker is being treated for myofascial pain, neck sprain strain, cervical disc disorder with myelopathy, and chronic pain syndrome. Medical records dated 8-24-2015 noted pain to the neck, left shoulder, and bilateral arms and hands. Current pain was a 4 out 10, least pain a 3 out of 10, average pain a 6 out 10, intensity of pain after taking the opioid a 3 out 10. Pain relief lasts 4 hours. Pain was better since last visit. Physical examination noted cervical spine with decreased painful range of motion with myospasm. Treatment has included Norco, Naproxen, Lidoderm patches and Lyrica since at least 4-10-2015. Utilization review form dated 9-4-2015 noncertified Lyrica 50mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #30: Upheld

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: The patient was injured on 07/27/08 and presents with pain in her neck, left shoulder, bilateral arms, and hands. The request is for Lyrica 50 MG #30. The RFA is dated 08/28/15 and the patient is permanent and stationary. She has been taking this medication as early as 04/08/15. MTUS Guidelines, Antiepilepsy 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 patient has a decreased and painful cervical spine range of motion with myospasm. She is diagnosed with myofascial pain, neck sprain strain, cervical disc disorder with myelopathy, and chronic pain syndrome. The 05/08/15 report indicates that she rated her pain as a 4-7/10. The 08/24/15 report states that the patient rated her pain as a 3-6/10. MTUS page 60 states that pain assessment and functional changes must be noted when medications are used for chronic pain. In this case, the treater doesn't provide any discussion regarding how Lyrica specifically impacted the patient's pain and function. Therefore, the requested Lyrica is not medically necessary.