

Case Number:	CM15-0203234		
Date Assigned:	10/19/2015	Date of Injury:	07/27/2011
Decision Date:	12/07/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 29-year-old male who sustained an industrial injury on 7-27-2011 and has been treated for right elbow sprain, cervical sprain, right ulnar neuritis, and thoracic outlet syndrome. On 9-16-2015 the injured worker reported less tenderness of the ulnar nerve, and the physician noted slight tenderness at the upper back and neck, and some pain with right neck rotations. Documented treatment includes acupuncture; massage; and, medication has included Clonidine, Trazodone, Escitalopram Oxalate, and Alprazolam. Additionally, he has been taking OxyContin, Percocet, and oxycodone-acetaminophen which are being replaced by buprenorphine. He has been using Lyrica since 4-2015, noted 4-23-2015 to have been resumed after having it denied for one year. The physician noted that it had, "in the distant past" provided "substantial" help. The physician states that there are "limited other options" due to multiple side effects, and they are working to progress the injured worker's condition while reducing opiate use. There is note of a pain contract, urine drug screens and appropriateness of use. The injured worker is not presently working. The patient's surgical history included neck surgery disc replacement. The patient had a history of cervical radiculopathy. The medication list includes Clonidine, Trazodone, Escitalopram Oxalate, Lyrica, Pristiq, and Alprazolam. The patient had a lifting injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica: 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: Lyrica. Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, regarding antiepileptics, recommended for neuropathic pain; pain due to nerve damage. Regarding Lyrica/Pregabalin, Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. The patient had diagnoses of right elbow sprain, cervical sprain, right ulnar neuritis, and thoracic outlet syndrome. On 9-16-2015 the injured worker reported tenderness of the ulnar nerve, and the physician noted tenderness at the upper back and neck, and pain with right neck rotations. The patient's surgical history included neck surgery disc replacement. The patient had a history of cervical radiculopathy. The patient therefore has chronic myofascial pain along with nerve related pain. The request for Lyrica is medically necessary and appropriate for this patient at this time.