

<b>Case Number:</b>	CM15-0208025		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: 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 46 year old female, who sustained an industrial-work injury on 6-4-10. She reported initial complaints of neck pain. The injured worker was diagnosed as having cervical radiculopathy verses peripheral mononeuropathy, cervical degenerative disk disease, cervical stenosis, and carpal tunnel syndrome. Treatment to date has included medication, physical therapy, injections, RFA (radiofrequency ablation), and carpal tunnel injections, surgery (carpal tunnel release and right distal forearm antibrachial fasciotomy). MRI results were reported of the cervical spine to demonstrate baseline congenital stenosis of the cervical canal due to short pedicles along with degenerative changes on 8-17-15. Currently, the injured worker complains of neck pain with radiation to the right arm and rated 9 out of 10 with associated numbness. Symptoms were alleviated with Lyrica. Per the primary physician's progress report (PR-2) on 5-26-15 exam noted normal strength, sensation, and reflexes, Spurling's maneuver and Rhomberg was negative. The Request for Authorization requested service to include Lyrica 50mg #60. The Utilization Review on 10-7-15 denied the request for Lyrica 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg #60:** 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:** According to the MTUS guidelines, 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. Pregabalin was also approved to treat fibromyalgia. According to the MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). In this case, the injured worker is followed for chronic neuropathic pain. antiepileptic medications are supported for neuropathic pain and the medical records note efficacy and functional improvement with the utilization of this medication. The request for Lyrica is supported to address the neuropathic component of this injured worker and allow her to continue her occupation as a dental hygienist. The request for Lyrica 50mg #60 is medically necessary and appropriate.