

Case Number:	CM15-0020766		
Date Assigned:	02/10/2015	Date of Injury:	02/20/2013
Decision Date:	05/05/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/04/2015

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, Hawaii

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 66 year old female, who sustained an industrial injury on 2/20/2013. She reported injury to the right wrist and elbow after a slip and fall down a staircase. The injured worker was diagnosed as having de Quervain's syndrome, lumbar and cervical sprain/strain with radicular complaints and medial epicondylitis. Electromyography (EMG) showed cervical 7 radiculopathy and mild bilateral carpal tunnel syndrome. Treatment to date has included cervical epidural steroid injection, carpal tunnel release. The injured worker complains of neck pain, right wrist pain and mid and low back pain with radiation to the left foot. The treating physician is requesting Lyrica (retrospective).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lyrica 75mg #60 DOS: 12/15/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: The patient presents with right wrist and elbow pain. The current request is for retrospective Lyrica 75 mg #60, DOS 12/15/14. According to the utilization review dated 1/07/15 the treating physician diagnosed the patient with de Quervain's and medial epicondylitis. No treating physician reports were provided for review. The MTUS guidelines state antiepilepsy drugs are recommended for neuropathic pain. "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia." "The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions." In this case, the treating physician prescribed Lyrica for this patient with an EMG/NCV showing chronic left C7 radiculopathy and mild bilateral carpal tunnel syndrome. MTUS guidelines support Lyrica for neuropathic pain. The current request is medically necessary and the recommendation is for authorization.