

<b>Case Number:</b>	CM15-0036913		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 52 year old female with an industrial injury dated November 7, 2011. The injured worker diagnoses include reflex sympathetic dystrophy of upper limb, depressive disorder not elsewhere classified, pain in joint of shoulder, and adhesive capsulitis of shoulder. She has been treated with diagnostic studies, prescribed medications, home exercise therapy, consultation and periodic follow up visits. According to the progress note dated 2/10/2015, the injured worker reported neck and right upper extremity pain, left shoulder pain and left low back pain. Physical exam revealed no overt signs of intoxication or sedation. The injured worker's gait and movements were within baseline for their level of function. Neurological exam was intact without apparent gross deficiencies that were altered from baseline level of functioning. Treatment plan consist of prescribed medications and walking exercise program. The treating physician noted that the Lyrica was arbitrarily reduced and will be re-requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Pregabalin (Lyrica) Page(s): 100.

**Decision rationale:** 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 anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 50mg #60 is not medically necessary and appropriate.