

Case Number:	CM15-0037025		
Date Assigned:	03/05/2015	Date of Injury:	07/03/2013
Decision Date:	04/09/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	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: Preventive Medicine, Occupational Medicine

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 69 year old male who sustained an industrial injury on July 3, 2013. He has reported shoulder pain and has been diagnosed with status post left rotator cuff repair with neuropathic pain and burning pain. Treatment has included heat, medication, and surgery. Currently the injured worker has well healed scars with decreased range of motion for abduction of the left shoulder to approximately 45 degrees. There was full range of motion abduction right shoulder. The treatment plan included medications and follow up.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 19, 20.

Decision rationale: MTUS Guidelines support at least a trial of various anti-epileptic drugs if there is a neuropathic component to chronic pain. This individual is reported to have a sharp

stabbing quality to his chronic pain, which is consistent with a neuropathic component. Under these circumstances, the trial of increased dosing with the Lyrica is supported by Guidelines. The Lyrica is medically necessary.