

Case Number:	CM15-0041172		
Date Assigned:	03/11/2015	Date of Injury:	09/15/2010
Decision Date:	04/14/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/04/2015

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: Arizona, 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 52 year old female who sustained an industrial injury on 09/15/2010. Current diagnoses include cervical foraminal stenosis, thoracic strain/sprain, bilateral carpal tunnel syndrome. Previous treatments included medication management, cervical fusion 05/07/2013, right and left carpal tunnel release, physical therapy, and home exercise program. Diagnostic studies included EMG/NCS, MRI of the cervical spine on 05/18/2011, MRI of the lumbar spine on 09/05/2012, MRI of the left foot on 03/11/2013, electroencephalogram on 07/19/2013. Report dated 02/05/2015 noted that the injured worker presented with complaints that included slight pain in the hands, soreness, no longer burning or paraesthesias, and residual pain, tight neck and upper back. Physical examination was positive for abnormal findings. The treatment plan included: continue pain management, trial of Lidoderm, continue home stretches, and discontinue compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg, 1 capsule three times a day (TID) for 30 days, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica
Page(s): 19.

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with other analgesics. There were no longer any neuropathic symptoms. There is no indication for continued use and the Lyrica is not medically necessary.