

<b>Case Number:</b>	CM15-0044033		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	01/12/2001
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Pain Management

### 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 55 year old female, who sustained an industrial injury on 1/12/2001. She has reported an accident with injury to left arm, neck to fingers. The diagnoses have included left reflex sympathy dystrophy, depression, and migraines. Treatment to date has included medication therapy, spinal cord stimulator insertion, and acupuncture therapy. Currently, the IW complains of left upper extremity pain and chronic headaches. The physical examination from the neurological primary treating physician's progress report dated 1/14/15 documented marked hypersensitivity of the left upper extremity. The plan of care included continuation of medication therapy as previously prescribed. The dispute issue is a request for Lyrica which was non-certified by a UR determination dated 2/7/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150 milligrams twice a day #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-21.

**Decision rationale:** Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Furthermore, it appears some progress notes do not actually specify the patient pain score as templated text is substitute instead (referring to progress notes from August and Sept 2014). Given this, the currently requested pregabalin (Lyrica) is not medically necessary.