

<b>Case Number:</b>	CM15-0059574		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old female, who sustained an industrial injury on 03/12/2012. He reported an onset of pain to the bilateral shoulders and left fingers secondary to repetitive motion. The injured worker was diagnosed as having degenerative joint disease of the shoulder region, right shoulder pain, right knee pain, and chronic pain syndrome. Treatment to date has included a medication regimen. In a progress note dated 02/24/2015 the treating physician reports complaints of aching, burning, stabbing pain to the bilateral shoulders and left sided fingers with radiation of pain to the axillae. The pain is rated three to ten out of ten. The treating physician requested the medication of Lyrica 150mg one capsule three times a day for thirty days with a quantity of 90 for 3 refills for the osteoarthritis of the shoulder region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 1 cap, three (3) times per day for 30 days, #90 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available) Page(s): 19-20.

**Decision rationale:** Lyrica 1 cap, three (3) times per day for 30 days, #90 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The document dated 4/13/15 states that Lyrica has been managing some of the patient's pain symptoms but she cannot tolerate the weight gain. The provider agrees with weaning the patient off of this. The MTUS states that Pregabalin has been associated with many side effects including edema, CNS depression, weight gain, and blurred vision. Pregabalin (Lyrica, no generic available) 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. The documentation indicates that the patient and provider wish to discontinue Lyrica due to side effects and that there is no diabetic neuropathy or post-herpetic neuralgia. For this reason, Lyrica is not medically necessary.