

<b>Case Number:</b>	CM15-0095241		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 48 year old female who sustained an industrial injury on 5-17-12. Medical records indicate that the injured worker has been treated for pain in the joint involving shoulder region; limb pain; contusion of the right knee; myofascial pain syndrome. She currently (8-4-15) complains of intermittent right shoulder pain associated with pain in the upper arm and forearm and radial hand. Shoulder pain radiates into the right scapula, constant pain in right trapezius. Treatments to date include physical therapy for the neck 12 sessions with 80% relief; medication: ibuprofen; Flector patch, Lyrica (tried 4-7-15), Prozac, ranitidine, Clonazepam. Her pain level was 3 out of 10 (8-4-15) down from prior visit of 5 out of 10; chiropractic care; acupuncture. Per the 8-4-15 note she failed Lyrica and gabapentin. The request for authorization dated 4-7-15 was for Lyrica 50mg #30. On 5-13-15 Utilization Review non-certified the request for Lyrica 50mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Lyrica is pregabalin, an anti-epilepsy drug. It 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. Pregabalin has been associated with many side effects including edema, CNS depression, weight gain, and blurred vision. Somnolence and dizziness have been reported to be the most common side effects related to tolerability. It is recommended in neuropathic pain conditions and fibromyalgia. In this case there is insufficient documentation in the medical record to support the diagnosis of neuropathic pain or fibromyalgia. In addition there is documentation that the patient has failed treatment with Lyrica in the past. Lack of past success is an indicator that future success is unlikely. The request is not medically necessary.