

Case Number:	CM14-0133790		
Date Assigned:	09/03/2014	Date of Injury:	09/25/2012
Decision Date:	10/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old female who sustained cumulative trauma injuries from April 1, 2006 up to September 25, 2012 while being employed as a bakery manager. She was diagnosed with (a) anxiety, (b) chronic depression, (c) complex regional pain syndrome, type I, (d) carpal tunnel syndrome and (e) neuritis. In a recent evaluation report dated August 13, 2014 it was indicated that the injured worker complained of sever aching pain in her hands with minimal movements of her fingers. She also stated that her condition was much worse than it was on her previous visit. She rated the pain to be at 8-9 out of 10 on the pain scale and was aggravated by intense movements. She also has non-orthopedic complaints of occasional dizziness, paralysis, headache, joint pain, back pain, difficulty with sleeping, depression and impaired memory. Physical examination revealed that the injured worker was in severe distress secondary to hand pain. Examination of the left upper extremity revealed that the left arm to be more reddened and tender to palpation. There was also minimal movement of her left hand and wrist. Grip strength was 1/5 for her third, fourth and fifth digits and 2/5 for her thumb and index finger. She was to continue with her current pharmacologic regimen. This is a review of the requested Lyrica, 75mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60: 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) Page(s): 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that Lyrica 75mg, #60 has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has Food and Drug Administration approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. However in this worker's case there was no indication that she was diagnosed with such conditions for which Lyrica is indicated for. Additionally, the guidelines indicate that Pregabalin is being considered by the Food and Drug Administration as treatment for generalized anxiety disorder and social anxiety disorder. Although the injured worker is noted to experience anxiety and depression, there was no indication that she has tried and failed first-line treatments for those conditions. With that the medical necessity of the requested Lyrica 75mg, #30 is not established.