

<b>Case Number:</b>	CM14-0142216		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/01/2006
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 55 year old with an injury date on 5/1/08. Patient complains of severe cervical pain, shoulder pain, bilateral upper extremity pain, and knee pain per 6/24/14 report. The overall pain is rated 6-8/10 per 2/10/14 report. Patient is unable to get medications according to 6/24/14 report. Based on the 6/24/14 progress report provided by [REDACTED] the diagnoses are: 1. s/p arthroscopy, arthroscopic partial meniscectomy, internal derangement of knee 2. bilateral wrist tenosynovitis, cervical s/s 3. chronic pain syndrome Exam on 6/24/14 showed "weakness, restricted range of motion." Patient's treatment history includes medications (Ambien, Prilosec, Anaprox, Norco, Fexmed) and a urine drug screen. [REDACTED] is requesting Lyrica 75 mg IBID #60. The utilization review determination being challenged is dated 8/26/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/25/14 to 8/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75 mg 1 BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20 17-18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), specific anti-epilepsy drugs: Pregabalin (Lyrica) Page(s): 16-18, 19-.

**Decision rationale:** This patient presents with neck pain, shoulder pain, bilateral arm pain, and knee pain. The treater has asked for Lyrica 75 mg IBID #60 on 6/24/14. Patient has been taking Lyrica since 2/25/14 report. Regarding anti-epilepsy drugs, MTUS recommends for neuropathic pain. There are few RCTs directed at central pain and none for painful radiculopathy. Regarding Pregabalin (Lyrica, no generic available) MTUS states it is 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. In this case, the patient has been taking Lyrica for nearly 4 months, but there is no documentation of improvement in pain and function regarding use of Lyrica. Regarding medications for chronic pain, MTUS page 60 states the treater must keep a record of pain and function. The request is not medically necessary.