

<b>Case Number:</b>	CM14-0147712		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 & Rehabilitation, has a subspecialty in Physical Pain Medicine 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 48-year-old male who reported an injury on 01/14/2009. The mechanism of injury was not indicated. The injured worker's diagnoses included chronic pain syndrome and adjustment disorder. Prior treatment included the use of a TENS unit and physical therapy. Diagnostic studies were not included in the medical records. Surgical history was not included in the medical history. The patient complained of pain in the right wrist and elbow as well as throughout the back and through the extremities. The clinical note dated 06/17/2014 reported that the injured worker had weakness in the elbow flexor and was unable to flex and extend the right wrist. The injured worker had not recovered from the industrial related effects involving his right upper extremities, forearm, wrist, and fingers. He still had a chronic impairment in relation the strength and numbness in his hands. Medication included Zynex. The treatment plan included recommendations for Lyrica 75mg #60 to improve strength, flexibility, range of motion, and overall functional endurance while alleviating discomfort. The request for authorization was not provided within the medical records.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs: Lyrica Page(s): 20.

**Decision rationale:** The request for Lyrica 75mg is not medically necessary. The injured worker complained of increased pain in the right wrist and elbow. The injured worker has been on Lyrica since 05/2014. The California MTUS guidelines note Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The guidelines recommend the use of Lyrica for patients with fibromyalgia. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation demonstrating the injured worker has reduced pain with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.