

<b>Case Number:</b>	CM14-0178505		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/11/2008
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Occupational 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:

Injured worker is a female with date of injury 9/11/2008. Per primary treating physician's progress report dated 9/30/2014, the injured worker complains of constant headaches rated 10/10. She also complains of constant neck pain rated 10/10 with radiation to the bilateral upper extremities with associated numbness and tingling into the bilateral arms and into the fingers. She reports of having constant low back pain with associated numbness and tingling into the bilateral legs. She also reports of having constant bilateral shoulder pain, rated 10/10. She complains of bilateral wrist and hand pain, rated 10/10. She complains of constant left hip pain. She states that she has insomnia and takes Elavil, which helps. Her current medications include Norco, Soma and Lyrica. She is attending physical therapy and has one more visit approved. On examination there is paraspinal spasm and tenderness at the cervical spine, lumbar spine, right and left shoulder, right and left wrists and left hip. Diagnoses include 1) cervical radiculopathy 2) T8-T9 disc herniation with disc desiccation 3) L5-S1 herniated nucleus pulposus with annular tear and left lower extremity radiculopathy 4) fibromyalgia 5) left shoulder supraspinatus tendinosis/partial thickness tear 6) anxiety and depression secondary to orthopedic injury 7) herniated nucleus pulposus at C6-7 with left upper extremity radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg TID #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-20.

**Decision rationale:** The MTUS Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Lyrica has been found to be safe and efficacious to treat pain and other symptoms. Lyrica is FDA approved for fibromyalgia. The claims administrator's rationale for not approving this request is that Lyrica is used for neuritic pain and the clinical documentation does not support any conclusion that there is a neuritic process involved. The injured worker has been diagnosed with fibromyalgia. The request for Lyrica 100mg TID #90 is determined to be medically necessary.