

Case Number:	CM14-0173670		
Date Assigned:	10/24/2014	Date of Injury:	09/12/2013
Decision Date:	05/01/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 23-year-old female, who sustained an industrial injury on September 12, 2013. She reported bilateral hand, wrist, forearm, and elbow pain. The injured worker was diagnosed as having repetitive strain injury of the thumb, hands, wrists, forearm, elbows, and neck, deQuervain's wrist tenosynovitis; delayed recovery from her injury; mild fascia pain syndrome of the elbow, arm, wrist, and hand; pain induced depression, aggravated by chronic pain with suicidal ideation, and cervical strain. Treatment to date has included activity modifications, physical therapy, electrodiagnostic studies, medication management, and anti-epilepsy, topical non-steroidal anti-inflammatory, and antidepressant medications. Her medications decrease her pain by 50%. On October 6, 2014, her treating physician reports continued, increased pain of the shoulder and neck due to holding her arms, shoulders, and neck in a stressed position continually. The physical exam revealed mild depression, sighing, long pauses before response has resolved, and disheveled hair. There was decreased myofascial tension and tenderness to palpation with taught bands with myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles remained, causing radiating pain to the posterior scapula and neck. There was significant myofascial tension in the trapezius region, cervical facet tenderness of the bilateral cervical 3-cervical 6 - greater on the right than the left, decreased cervical range of motion, normal bilateral shoulder range of motion, medial and lateral epicondyle tenderness of the bilateral elbows, mild resisted wrist and finger extension signs, and forearm flexor tenderness to palpation. There was normal range of motion of the elbows, the bilateral wrists Finkelstein's was less, normal range of motion of the bilateral

wrists, continued right thenar eminence swelling, and normal range of motion of the fingers of the bilateral hands. There were positive bilateral forearm compression, Durkan's carpal tunnel compression, and Tinel's at the volar wrist testing, the right Phalen's test was positive, and the left Phalen's test was negative. There was normal sensation of the bilateral cervical 5-cervical 8 nerve distribution, decreased sensation of the bilateral median nerve distribution, and normal sensation of the bilateral ulnar and radial nerve distribution. Bilateral grip strength was decreased. The treatment plan includes continuing her current antidepressant and anti-epilepsy medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: According to the 10/06/2014 report, this patient presents with "thumb, hands, wrists, forearm, elbows, and neck" pain. The current request is for Lyrica 75mg #30. The request for authorization is not included in the file for review. The patient's work status is temporary and total disabled. Regarding Lyrica for pain, MTUS Guidelines recommend it for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Lyrica was first mentioned in the 04/14/2014 report and it is unknown exactly when the patient initially started taking this medication. Review of the provided medical reports indicates that the patient has upper extremity neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treating physician does not discuss this medication's efficacy. The treater does not document whether or not the use of Lyrica has resulted in any pain and functional improvement. MTUS pg. 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Therefore, the current request IS NOT medically necessary.