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| <b>Case Number:</b>   | CM14-0213644 |                              |            |
| <b>Date Assigned:</b> | 12/31/2014   | <b>Date of Injury:</b>       | 08/05/2010 |
| <b>Decision Date:</b> | 02/27/2015   | <b>UR Denial Date:</b>       | 12/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/19/2014 |

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 worker is a 56 year old female who was injured on 8/5/2010 involving her hand. She was diagnosed with myalgia/myositis, neck sprain/strain, tenosynovitis of the hand/wrist, and radial styloid tenosynovitis. She was treated with medications including topical analgesics, pantoprazole, diclofenac, and Lyrica. The Lyrica was used as far back as 9/2014, although there was no documentation provided showing exactly when it was started. A partial note from 10/27/14 reported numbness, tingling, fatigue, swelling, and weakness as well with the medications and relaxation reportedly reducing her symptoms. On 9/2/14, another partial note from when the worker was seen by her treating physician reporting sharp, shooting, aching, dull, throbbing, severe right hand pain rated 7/10 on the pain scale over the prior week and lasts most of the day, exacerbated by poor rest and lack of medications. Again on 9/8/14, a partial note was provided for review with the exact same information from 9/2/14 documented. Later, on 12/1/14, a request for Lyrica was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 225mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was limited and partial progress notes, none of which showed any physical evidence of neuropathic pain as the physical examination portions were not included for review. Although, there were subjective complaints of numbness and tingling, it is not clear as to how the Lyrica affects the workers function or pain level as this was not included in the documents provided for review. Without documented evidence of benefit, the continuation of Lyrica cannot be justified and will be considered medically unnecessary at this time.