

Case Number:	CM14-0215230		
Date Assigned:	01/02/2015	Date of Injury:	09/29/2005
Decision Date:	02/24/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabn

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 50 year old female with an injury date of 09/29/05. Based on the 06/08/14 progress report, the patient complains of left neck and shoulder pain into her left scapular and deltoid region. She has a slightly limited range of motion in her neck and upper extremities. She has tight/taut bands of muscle in her neck/shoulder region and has tenderness to palpation across her neck and scapular region. The 08/07/14 report indicates that the patient continues to have neck and scapular pain. No additional positive exam findings are provided. The patient's diagnoses include the following: 1. Cervicalgia 2. Pain in joint, shoulder region 3. Pain in joint, hand. The utilization review determination being challenged is dated 11/24/14. There are two treatment reports provided from 06/08/14 and 08/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines antiepilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Medications for chronic pain Page(s): 18-19,60.
Decision based on Non-MTUS Citation Pain Chapter, Pregabalin

Decision rationale: The patient presents with left neck and shoulder pain into her left scapular and deltoid region. The request is for Lyrica 200 mg Q8H #90 for neuropathic pain. The patient has been taking Lyrica as early as 06/08/14. MTUS Guidelines page 18- 19 has the following regarding gabapentin, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered the first-line treatment for neuropathic pain. ODG, Pain Chapter, Pregabalin, states that this medication is Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. In this case, the patient has pain in her left neck and in her shoulder, a slightly limited range of motion in her neck and upper extremities, tight/taut bands of muscle in her neck/shoulder region, and has tenderness to palpation across her neck and scapular region. There isn't any discussion provided regarding how Lyrica has impacted the patient's pain and function. MTUS page 60 states that pain and function must be recorded when medications are used for chronic pain. Due to lack of documentation, the requested Lyrica is not medically necessary.