

Case Number:	CM14-0089116		
Date Assigned:	07/23/2014	Date of Injury:	09/18/2009
Decision Date:	06/09/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

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: Texas, California
 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 injured worker is a 56 year old male with an industrial injury dated 09/18/2009. His diagnoses included right shoulder supraspinatus tendinitis with subacromial bursitis, gastrointestinal upset, sleep disturbance, status post lumbar 4 to sacral 1 interbody fusion/discectomy, left knee sprain, left elbow lateral epicondylitis, status post left wrist distal radial fracture repair and muscle contraction headaches. Prior treatments included surgery, medications and home exercise program. He presents on 04/30/2014 with complaints of low back, right shoulder and left knee pain. Physical exam of the lumbar spine reveals tenderness to palpation over the paraspinal musculature with muscle spasm. Straight leg raising test is positive eliciting increased radicular symptoms bilaterally. Examination of the right shoulder revealed tenderness to palpation over the subacromial region, acromioclavicular joint and supraspinatus tendon. Impingement test and cross arm test are positive. Range of motion of the right shoulder is decreased with a grade 4/5 muscle weakness. Examination of the left knee reveals tenderness to palpation over the medial and lateral joint lines. Range of motion is decreased. Treatment plan includes to consider a psychiatrist evaluation for depression and to continue home exercise program. The injured worker received a B 12 injection and an injection of Toradol for pain. The provider documents the injured worker is a long term user of opioids and has a diagnosis which includes chronic pain. The provider also notes non-steroidal anti-inflammatory drugs and alternative analgesics have either been ineffective alone or not well tolerated. The opioid analgesic effect has allowed this patient to increase/maintain activities of daily living and function and has been well tolerated without significant adverse drug side effects. The provider

documents the injured worker has been compliant with medication use and a "pain contract" is on file. Periodic urinary drug testing and CURES reporting are monitored. Treatment plan included a request for Lyrica, Ultram ER and follow up. Per the doctor's note dated 5/13/15 patient had complaints of low back pain at 7-8/10. Physical examination of the low back revealed tenderness on palpation, limited range of motion and positive SLR. The patient has used a cane for support. The medication list include lyrica and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Lyrica 75mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 19.

Decision rationale: Request: 1 Prescription of Lyrica 75mg #60 Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, regarding antiepileptics, "Recommended for neuropathic pain (pain due to nerve damage." Regarding lyrica/ pregabalin, "Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." His diagnoses included right shoulder supraspinatus tendinitis with subacromial bursitis, gastrointestinal upset, sleep disturbance, status post lumbar 4 to sacral 1 interbody fusion/discectomy, left knee sprain, left elbow lateral epicondylitis, status post left wrist distal radial fracture repair and muscle contraction headaches. Examination of the right shoulder revealed tenderness to palpation over the subacromial region, acromioclavicular joint and supraspinatus tendon. Impingement test and cross arm test are positive. Range of motion of the right shoulder is decreased with a grade 4/5 muscle weakness. Examination of the left knee reveals tenderness to palpation over the medial and lateral joint lines. Range of motion is decreased. Per the doctor's note dated 5/13/15 physical examination of the low back revealed tenderness on palpation, limited range of motion and positive SLR (which is evidence of possible radiculopathy). The patient has used a cane for support. The patient therefore has chronic myofascial pain along with nerve related pain. Lyrica is indicated in such a patient. It is deemed that 1 Prescription of Lyrica 75mg #60 is medically appropriate and necessary.