

<b>Case Number:</b>	CM15-0105182		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Emergency Medicine

### 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 54-year-old female who sustained an industrial injury on 12/6/2010 resulting in bilateral wrist and thumb pain, tenderness, and neuropathy. The injured worker is diagnosed with bilateral trigger thumb and pain. Treatments include bilateral release, Toradol injections, and use of pain medications, which she reports provide temporary relief. The injured worker continues to experience flare-ups of pain and tenderness. The treating physician's plan of care includes a 30-day supply of 75 mg. Lyrica capsules. Injured worker is working with modifications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin, Page 99 Page(s): 99.

**Decision rationale:** The requested Lyrica 75mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of "neuropathy and post herpetic neuralgia. The injured worker has bilateral trigger thumb and pain. The treating physician has not documented current neuropathic pain, nor derived functional benefit from its previous use. The criteria noted above not having been met, Lyrica 75mg #60 is not medically necessary.