

<b>Case Number:</b>	CM15-0011376		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: 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 46 year old female, who sustained an industrial injury on 4/5/2010. The current diagnoses are cervical spine discopathy, ulnar neuropathy and cubital tunnel syndrome, and status post right shoulder dislocation with resultant impingement syndrome. Currently, the injured worker complains of ongoing pain to her neck, shoulder and elbow on the right side. She complains of aching and burning pain in her shoulder, which she rates 5/10. She complains of burning pain to her right elbow with a pins and needles sensation, which she rates 5/10. Treatment to date has included therapy. The treating physician is requesting Lyrica 75mg #60 with 2 refills and 8 acupuncture sessions to the right shoulder and right elbow, which is now under review. On 12/18/2014, Utilization Review had non-certified a request for Lyrica 75mg #60 and 8 acupuncture sessions to the right shoulder and right elbow. The acupuncture was modified to 6 visits. The Lyrical was modified with no refills. The California MTUS Chronic Pain and Acupuncture Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture Visits for the Right Shoulder and Right Elbow (2 times a week for 4 weeks):**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** This patient presents with neck pain, right shoulder pain, and right elbow pain. The treater has asked for 8 ACUPUNCTURE VISITS FOR THE RIGHT SHOULDER AND RIGHT ELBOW 2 TIMES A WEEK FOR 4 WEEKS but the requesting progress report is not included in the provided documentation. Review of the reports do not show any evidence of acupuncture being done in the past. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. The patient's work status is not included in the provided documentation. In this case, the patient has a chronic pain condition. A trial of 3-6 sessions of acupuncture would be indicated. However, there is no documentation that the patient has had a prior trial of acupuncture. The requested 8 sessions of acupuncture exceed MTUS guidelines. The request IS NOT medically necessary.

**Lyrica 75mg; one PO BID Qty 60 with 2 Refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), SPECIFIC ANTI-EPILEPSY DRUGS: Pregabalin (Lyrica) Page(s): 16-20.

**Decision rationale:** This patient presents with neck pain, right shoulder pain, and right elbow pain. The treater has asked for LYRICA 75MG: ONE PO BID QTY: 60 WITH 2 REFILLS but the requesting progress report is not included in the provided documentation. Regarding anti-epilepsy drugs, MTUS recommends for neuropathic pain. There are few RCTs directed at central pain and none for painful radiculopathy. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Regarding Pregabalin (Lyrica, no generic available) MTUS states it is documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. 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. The patient's work status is not included in the provided documentation. In this case, the patient has a chronic pain condition. The patient has not had a prior trial of Lyrica, according to a review of reports. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The requested trial of Lyrica is indicated per MTUS guidelines. The request IS medically necessary.

