

Case Number:	CM15-0012003		
Date Assigned:	01/29/2015	Date of Injury:	04/11/2008
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/21/2015

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 52 year old female, who sustained an industrial injury on 4/11/2008. She has reported left shoulder and neck injuries while working as a nurse lifting patients. The diagnoses have included pain in joint of shoulder, shoulder arthropathy, status post 2 shoulder surgeries, chronic pain syndrome, myalgia and myositis, and brachial neuritis or radiculitis. Treatment to date has included medications, diagnostics, surgery and functional restoration program. Currently, the injured worker complains of pain in left shoulder, neck and left hip. She states the pain is worse at night in the shoulder and aggravated by reaching. The pain is rated 8/10 and characterized as aching, sharp and throbbing. The Pain radiates to right shoulder, left arm and hip. She states that the medications are helping. The physical exam revealed range of motion restricted in cervical spine and tenderness noted. Treatment was to continue medications and work status was temporary totally disabled. On 12/30/14 Utilization Review non-certified a request for Lyrica 150mg #90 x 2 refills, noting that without documentation of objective functional benefit from this medication medical necessity was not established. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #90 x 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS for Pregabalin Lyrica Page(s): 16-20. Decision based on Non-MTUS Citation Pain Chapter, Pregabalin

Decision rationale: The patient presents with neck, lower back, and left shoulder pain rated 08/10. The request is for LYRICA 150MG #90 X2 REFILLS. The RFA is not provided. Patient's diagnosis included pain in joint of shoulder, shoulder arthropathy, status post 2 shoulder surgeries, chronic pain syndrome, myalgia and myositis, and brachial neuritis or radiculitis. Patient states that medications are helping. Patient is temporarily totally disabled. MTUS, page 16-18 Antiepilepsy drugs (AEDs) states Recommended for neuropathic pain (pain due to nerve damage). MTUS, page 19-20, under SPECIFIC ANTI-EPILEPSY DRUGS for Pregabalin (Lyrica, no generic available) states this "has been 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." MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for Outcomes of anti-epilepsy drugs states: "A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails." ODG, Pain Chapter, Pregabalin, state that this medication is "Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain." The prescription for Lyrica was first noted in the progress report dated 01/15/14. In this case, per review of medical reports, the patient is presenting with neuropathic pain and fibromyalgia symptoms indicated for this medication. Patient states that medications are helping and that they are well tolerated. Patient shows no evidence of developing medication dependency. Treater further states, "with the current medication regimen, her pain symptoms are adequately managed." The request IS medically necessary.