

Case Number:	CM15-0117661		
Date Assigned:	06/26/2015	Date of Injury:	10/08/2013
Decision Date:	08/10/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 a 52 year old female, who sustained an industrial injury on 10/8/2013. The current diagnoses are myofascial pain, chronic pain syndrome, rotator cuff syndrome, and status post left shoulder surgery (5/7/2015). According to the progress report dated 5/19/2015, the injured worker complains of pain that is described as burning, shooting, radiating, numbing, and deep in the bilateral hands, shoulders, and arms, neck, upper back, and lower back. The severity of these symptoms is rated 1-3/10. Additionally, she reports left shoulder pain. Her current pain is rated 2/10 on a subjective pain scale. The least reported pain since last assessment was 1/10 with average pain being 2/10. The physical examination of the left shoulder reveals minimal movement (post-operative). The current medications are Neurontin, Tramadol, and Motrin. Per notes, the patient is having intermittent side effects with Neurontin, so this will be discontinued. Treatment to date has included medication management, MRI studies, and surgical intervention. She is to start physical therapy. A request for trial of Lyrica has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Pregabalin (Lyrica, no generic available) Page(s): 16-18, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AED's), SPECIFIC ANTI-EPILEPSY DRUGS: Pregabalin (Lyrica, no generic available) Page(s): 16-20.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. (Blommel, 2007) This medication also has an anti-anxiety effect. 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. Trial period: There is no established trial period, but the onset of action is thought to be less than 1 week. The choice of specific AED will depend on the balance between effectiveness and adverse reactions. In this case, the injured worker is experiencing intermittent side effects with the use of Neurontin, which is leading to it being discontinued. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Lyrica is medically necessary.