

<b>Case Number:</b>	CM15-0119654		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	02/15/2001
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 57-year-old female, who sustained an industrial injury on 2/15/2001. The mechanism of injury is unknown. The injured worker was diagnosed as having carpal tunnel syndrome and cervical disc disorder with myelopathy. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/16/2015, the injured worker complains of ongoing pain in the back, neck, shoulders, wrists and hands, rated 9/10. Physical examination showed no warmth or redness over joints, bilateral shoulder crepitus and tenderness over the biceps tendon and second intercostal space. The treating physician is requesting Lyrica 50 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica  
Page(s): 20.

**Decision rationale:** According to MTUS guidelines, "Lyrica is an anti-epilepsy drug (AEDs, also referred to as anti-convulsant ), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain." There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, there is no clear proven efficacy of Lyrica for neck pain. Therefore, the request for Lyrica 50mg #60 is not medically necessary.