

Case Number:	CM15-0126052		
Date Assigned:	07/10/2015	Date of Injury:	08/25/2003
Decision Date:	09/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/30/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 45 year old female, who sustained an industrial injury on 8/25/2003. The mechanism of injury is not indicated. The injured worker was diagnosed as having cervical myofascial pain of the paraspinals and trapezium musculature, cervical spondylosis, disc protrusion, and bilateral upper extremity radicular pain, right greater than left, cervical radiculopathy bilateral upper extremities, right greater than left, rhomboid pain referred from discogenic pain, De Quervain's tenosynovitis, insomnia, low back pain, and fractured right patella per history. Treatment to date has included medications, urine drug screening (11/13/2014), CURES (12/15/2014), and magnetic resonance imaging of the cervical spine (12/9/2010). The request is for Lyrica (Pregabalin) 225 mg capsules. The records indicated a magnetic resonance imaging of the cervical spine was completed on 12/9/2010. The report of this magnetic resonance imaging is not available for this review. The records indicate she has been utilizing Lyrica since at least December 2014, possibly longer. On 12/16/2014 she reported a recent vacation with resulting decrease in neck pain. Now that she is returned to her usual activities she has had an increase in pain with radiating symptoms down the upper extremities. She reported an increase in taking Norco and has continued on Lyrica which is noted to help her neuropathic pain but not her neck pain. Current medications are: Norco, Lyrica, over the counter Traumeel. She is noted to have had inconsistencies in her urine drug screening. On 3/19/2015, Lyrica is noted to have given her significant relief of neuropathic pain and is noted to have been tapered to Gabapentin. It is noted that Gabapentin was not effective and that she was returned to Lyrica. Her pain is rated 7+ without medications and down to 3-4 with

medications. The treatment plan included: returning her to Lyrica, continue to request Norco. On 5/19/2015, she reported continuing to take Lyrica 75 mg 3 tabs at night for neuropathic pain and is noted to be improving. She reported her primary care physician to have reduced the number of Norco prescribed causing her difficulty in performing her work. She rated her pain 7+ without medications and 2 with medications. She is able to work 8 plus hours per day, do household chores and some light cooking. She also interacts with others more, and is able to do her self-care routine without assistance. She has noted side effects of constipation with the medications and is taking an over the counter stool softener. A 5/18/2015, CURES report is indicated to show as consistent with medications. A urine drug screen completed on 3/19/15 revealed alcohol, which she adamantly denies. The treatment plan included repeat random urine drug screening due to inconsistencies, and continuing Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 225 mg Qty 30, one every night: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Per the CA MTUS guidelines, Lyrica (Pregabalin) is an anti-epilepsy drug (AED), also referred to as anti-convulsants. AEDs are recommended for neuropathic pain (pain due to nerve damage). Pregabalin has been documented to be effective in treatment of diabetic neuropathy, and post-herpetic neuralgia. Lyrica has FDA approval for both indications, and is considered first-line treatment for both. In 2007, the FDA gave approval for the use of Pregabalin as the first approved treatment for fibromyalgia. In this case, the injured worker reported radiating pain into the upper extremities. The records do not indicate a diagnosis of diabetic neuropathy, or post-herpetic neuralgia. In addition there is no diagnosis of fibromyalgia. The magnetic resonance imaging of the cervical spine report dated 12/9/2010 is not available for this review. Therefore, the request for Lyrica (Pregabalin) 225 mg Qty 30, one every night is not medically necessary.