

<b>Case Number:</b>	CM15-0145401		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 47year old female, who sustained an industrial-work injury on 11-15-11. She reported initial complaints of foot and shoulder pain. The injured worker was diagnosed as having right foot complex regional pain syndrome, chronic bilateral plantar fasciitis, and left shoulder subacromial bursitis and rotator cuff tendonitis. Treatment to date has included medication, aquatic therapy, functional restoration program, and home exercise program. Currently, the injured worker complains of bilateral foot and left shoulder pain. She reports improvement in pain and attributed it to the additional dose of Nucynta and the aquatic therapy. Per the primary physician's progress report (PR-2) on 5-19-15, exam reports improvement in gait with use of a single point cane in the right hand and no longer walking in a two-step fashion but still has some steppage gait but with increased speed and almost up to a casual walking pace. Medications include Nucynta ER, Lyrica, Ibuprofen, and Ativan. Current plan of care includes continued treatment for neuropathic pain in right lower extremity with current medication, follow up drug screening, and trial for spinal cord stimulator. The Request for Authorization date was 7-13-15 and requested service included Lyrica 150 mg Qty. 60 with 0 refills. The Utilization Review on 7-17-15 denied the request due to lack of documentation for functional improvement or decrease in pain for use with no updated screening exams for misuse, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150 mg Qty 60 with 0 refills, 1 by mouth 2 times daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Per MTUS CPMTG, "Pregabalin (Lyrica) 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. Pregabalin was also approved to treat fibromyalgia." Pregabalin is the prodrug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." With regard to medication history, the medical records indicate that the injured worker has used this medication since at least 10/2014. The documentation submitted for review did not contain evidence of improvement in function. As such, the request is not medically necessary.