

Case Number:	CM15-0176593		
Date Assigned:	09/28/2015	Date of Injury:	05/11/2009
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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, California

Certification(s)/Specialty: Family Practice

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 63 year old female who sustained an industrial injury on 05-11-2009. Medical records indicated the worker was treated for chronic right shoulder pain, carpal tunnel syndrome, and fibromyalgia. She had a rotator cuff repair right shoulder in 2009. In provider notes of 08-13-2015, the worker has been treated for chronic symptoms involving the left shoulder. Reports aching pain in the right shoulder that radiates into her arms bilaterally, and to the neck and chest. Aggravating factors are sitting, lying down, activity, walking, grasping objects, and holding her arms up. Alleviating factors are rest and lying down. Medications as of 08-27-2015 include Lyrica (since at least 05-11-2015) twice daily for pain, and 1 capsule twice daily if needed for neuropathic pain. She rates her pain as an 8 on a scale of 0-10 without medications and a 2 on a scale of 0-10 with medications. Current pain is a 3 on a scale of 0-10. The medications are reported to keep her functional, and allow for increased mobility and tolerance of activities of daily living and home exercise. Other medications include Simvastatin, Benazepril, and carvedilol. She denies side effects from medication, and her urine toxicology reports are consistent with the prescribed medication. Treatment of the shoulder includes shoulder surgery, physical therapy, chiropractic massage and use of a transcutaneous electrical nerve stimulation (TENS) unit. On examination, the cervical paraspinals extending from the occipital region are tender to palpation, right more than left. The right shoulder has tenderness over the trapezius, paravertebral muscles, levator scapuli and deltoids. The worker is retired. A request for authorization was submitted for 60 Capsules of Lyrica 100mg and 180 Capsules of Lyrica 100mg with 3 refills. A utilization review decision 08-26-2015 non-certified both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Capsules of Lyrica 100mg: 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): Pregabalin (Lyrica).

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with other analgesics. There is no indication for continued use, and Lyrica 100 mg is not medically necessary.

180 Capsules of Lyrica 100mg with 3 refills: 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): Pregabalin (Lyrica).

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with other analgesics. There is no indication for continued use, and Lyrica 100 mg with 3 refills is not medically necessary.