

Case Number:	CM15-0041809		
Date Assigned:	05/06/2015	Date of Injury:	11/18/2002
Decision Date:	06/04/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/05/2015

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: Texas, New York, California
 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 applicant is a represented 37-year-old who has filed a claim for chronic neck, shoulder, and upper extremity pain reportedly associated with an industrial injury of November 18, 2002. In a Utilization Review report dated February 18, 2015, the claims administrator failed to approve a request for Lyrica. The claims administrator referenced progress notes of February 6, 2015 and February 2, 2015 in its determination. The applicant's attorney subsequently appealed. On September 22, 2014, the applicant reported ongoing complaints of neck pain radiating to the right upper extremity. The applicant reported that increased usage of her upper extremity worsened her pain complaints. Neurontin was renewed. On February 2, 2015, the applicant reported ongoing complaints of neck pain radiating to the right upper extremity. The attending provider also stated that the applicant's TENS unit was no longer working. The applicant was not using Neurontin, it was stated. Lyrica was endorsed. Ongoing complaints of neck pain radiating to the right upper extremity were reported. The request for Lyrica was, thus, seemingly framed as a first-time request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Pain Mechanisms Page(s): 99; 3.

Decision rationale: Yes, the request for Lyrica (pregabalin) was medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathy and postherpetic neuralgia and, by analogy, is indicated in the treatment of neuropathic pain conditions which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, are characterized by lancinating, electric, shock-like, numbing, tingling, and burning sensations, all of which were seemingly present here in the form of the applicant's ongoing cervical radicular pain complaints. The attending provider seemingly introduced Lyrica on the grounds that previously provided gabapentin and a TENS unit were not effective. Introduction of Lyrica, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.