

Case Number:	CM15-0043747		
Date Assigned:	03/13/2015	Date of Injury:	05/08/2009
Decision Date:	06/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old female, who sustained an industrial injury on 5/8/09. She reported pain in right elbow, right wrist/hand and lower back. The injured worker was diagnosed as having lumbago, cubital tunnel syndrome, ulnar nerve compression of right elbow, cervical sprain/strain, lumbar sprain/strain, cervical radicular syndrome and lumbar radicular syndrome. Treatment to date has included activity restrictions, TENS unit, oral pain medications, lumbar epidural steroid injections, physical therapy and home exercise program. (MRI) magnetic resonance imaging of right wrist revealed mild extensor carpi ulnaris tendonitis, otherwise normal. Currently, the injured worker complains of aching in right elbow associated with swelling and numbness and weakness of right elbow, continuous aching in right hand with swelling, numbness and tingling and low back nagging, pain becoming sharp traveling to legs and feet. Physical exam noted diminished range of motion of cervical spine, decreased sensation over ulnar two and a half digits of dominant hand and diminished range of motion of lumbar spine. A treatment plan was not included with documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 mg #90 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: Lyrica 50 mg #90 with 5 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Lyrica is considered one of the antiepilepsy drugs (AEDs). Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants and are recommended by the MTUS for neuropathic pain (pain due to nerve damage). The MTUS states that 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. The documentation does not indicate significant evidence of objective functional improvement on prior Lyrica therefore continued Lyrica is not appropriate. Furthermore a request for this medication with 5 refills would not be appropriate as there needs to be continued documentation of pain relief and improved function to continue use. For these reasons the request for Lyrica 50 mg #90 with 5 refills is not medically necessary.