

<b>Case Number:</b>	CM15-0071114		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 24 year old male who sustained an industrial injury on 11/8/11. The injured worker reported symptoms in the left shoulder, neck and back. The injured worker was diagnosed as having left shoulder pain, cervical pain, low back pain and occipital neuralgia. Treatments to date have included oral pain medication, transcutaneous electrical nerve stimulation, and physical therapy. Currently, the injured worker complains of pain in the left shoulder, neck and back. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### 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 Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19-20.

**Decision rationale:** The patient presents with pain and weakness in his neck, shoulder, lower back and upper/lower extremities. The request is for LYRICA 75MG #60. Per 03/31/15 progress report, the patient is currently taking Percocet and Valium. The patient is currently not working. MTUS guidelines page 19-20 have the following regarding Lyrica: "Pregabalin (Lyrica, no generic available) 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." It further states "Weaning: Do not discontinue Pregabalin abruptly and weaning should occur over a one-week period. Withdrawal effects have been reported after abrupt discontinuation." In this case, the 03/31/15 progress report indicates that the patient has not tried Lyrica in the past. The utilization review letter 04/09/15 denied the request of Lyrica, stating "While there is reference to a diagnosis of occipital neuralgia, it is not clear that neuropathic factors are primarily related to painful symptoms." However, this patient does present with chronic pain along with radicular symptoms into the left arm and left leg, a neuropathic condition. The request IS medically necessary.

**Pamelor 10mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications Page(s): 13-16.

**Decision rationale:** The patient presents with pain and weakness in his neck, shoulder, lower back and upper/lower extremities. The request is for PAMELOR 10MG #30. Per 03/31/15 progress report, the patient is currently taking Percocet and Valium. The patient is currently not working. Regarding antidepressants, MTUS guidelines page 13-16 recommends for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. In this case, the 03/31/15 progress report indicates that the patient has not tried Pamelor in the past. Given the patient's pain symptoms and depression such as anhedonia, the request IS medically necessary.