

<b>Case Number:</b>	CM15-0074150		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	11/09/2006
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Emergency 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 male, who sustained an industrial injury on 11/09/2006 complaining in low back pain, shoulder and right upper extremity pain, resulting in diagnoses of internal derangement of the right shoulder and probable cervical and lumbar spine strain. On provider visit dated 03/25/2015 the injured worker has reported pain right shoulder, neck, low back, right leg, upper back, right wrist, hand and thumb. The examination was noted to be deferred. The diagnoses have included lumbar spine degenerative disc disease, L5-S1 disc protrusion, cervical spine stenosis, status post right shoulder arthroscopy, and L3-4 radiculopathy, supraspinatus tendon tear of right shoulder, bilateral carpal tunnel syndrome and cervical spine radiculopathy. Treatment to date has included medication and diagnostic studies. The provider requested 1 prescription of Lyrica 100mg #90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Lyrica 100mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Pregabalin Page(s): 99.

**Decision rationale:** The requested 1 prescription of Lyrica 100mg #90 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of neuropathy and postherpetic neuralgia. The injured worker has pain right shoulder, neck, low back, right leg, upper back, right wrist, hand and thumb. The examination was noted to be deferred. The treating physician has not documented derived functional benefit from its previous use. The criteria noted above not having been met, 1 prescription of Lyrica 100mg #90 with 2 refills is not medically necessary.