

Case Number:	CM15-0078710		
Date Assigned:	04/29/2015	Date of Injury:	04/11/2002
Decision Date:	05/29/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/24/2015

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, Illinois

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 injured worker is a 46 year old male, who sustained an industrial/work injury on 4/11/02. He reported initial complaints of pain in right shoulder and upper extremity. The injured worker was diagnosed as having strain in right shoulder and impingement. Treatment to date has included medication. Currently, the injured worker complains of increased pain in the shoulder area due to cold weather. There was no numbness in the hands. Per the primary physician's progress report (PR-2) on 1/27/15, examination revealed diffuse tenderness around the scapular area. Shoulder range of motion is normal. The requested treatments include Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #180 w/ 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: The injured worker sustained a work related injury on 4/11/02. The medical records provided indicate the diagnosis of strain in right shoulder and impingement. Treatment to date has included medication. The medical records provided for review do not indicate a medical necessity for Lyrica 50mg #180 w/ 2 Refills. Lyrica (Pregabalin) is an antiepilepsy medication. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The antiepileptic drugs have not been found useful in the treatment of myofascial pain, osteoarthritis of the hip, central pain, and chronic non-specific axial low back pain: The records indicate the use of the medication predates 05/2014, but there is no documentation of benefit or pain reduction of greater than 30%. Therefore the request is not medically necessary.