

Case Number:	CM15-0090602		
Date Assigned:	05/15/2015	Date of Injury:	11/25/2010
Decision Date:	06/16/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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:

November 25, 2010. The injured worker previously received the following treatments random toxicology laboratory studies were positive for Methamphetamines; prescribed medications were Meloxicam, Senna, Hydrocodone and home exercise program. The injured worker was diagnosed with carpal tunnel syndrome, De Quervain's tenosynovitis on the left and lateral epicondylitis of the left elbow. According to progress note of April 13, 2015, the injured workers chief complaint was increase left upper extremity pain not controlled by current medication regimen. The pain was limiting the injured worker's ability to perform activities of daily living. The injured worker rated the pain at 8 out of 10. The worse pain 9 out of 10 with an average pain level of 8 out of 10. The pain was described as constant, aching, numbness, pins and needle like, pressure like, sharp, shooting, stabbing, throbbing, tingling, burning and soreness. The pain was aggravated by bending, increased activity and lifting. The shoulder pain was better with injections, lying flat, taking medications and resting. The injured worker was waking up during the night due to pain. The physical exam noted the injured worker to be well developed and well nourished. The left shoulder was tender in the biceps tendon region. The Neer's test was positive for left shoulder impingement syndrome. The Hawkin's test on the left was negative. Yergason's test was positive apprehension on the left. The treatment plan included a new prescription for Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: According to MTUS guidelines, "Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain." There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. Therefore, Lyrica 75mg #60 is not medically necessary.