

Case Number:	CM15-0095988		
Date Assigned:	05/22/2015	Date of Injury:	01/15/2001
Decision Date:	06/24/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 68 year old female, who sustained an industrial injury on 01/15/2001. She has reported subsequent neck, back and shoulder pain and was diagnosed with chronic pain syndrome, cervicgia, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar and cervical intervertebral disc and cervical and lumbar radiculopathy. Treatment to date has included oral and topical pain medication, application of heat and ice, cervical epidural steroid injections and a home exercise program. In a progress note dated 03/16/2015, the injured worker complained of neck and shoulder pain. Objective findings were notable for a slow antalgic gait, positive Spurling's sign, limited range of motion of the cervical and lumbar spine, multiple trigger points along the paracervical muscles and ligaments along the rhomboids and hypoaesthesia in both quadriceps. A request for authorization of Lyrica refill was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg twice a day #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica
Page(s): 19.

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The pain and symptoms were due to mechanical/compressive etiologies. The claimant had been on Lyrica along with other analgesics. Therefore continued use of Lyrica is not medically necessary.