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| <b>Case Number:</b>   | CM13-0016188 |                              |            |
| <b>Date Assigned:</b> | 04/23/2014   | <b>Date of Injury:</b>       | 08/24/2010 |
| <b>Decision Date:</b> | 06/10/2014   | <b>UR Denial Date:</b>       | 07/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2013 |

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services.

### 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 patient is a 30 year old male who was injured on August 24, 2010 while lifting a heavy platform that came apart and fell on top of his right foot. Prior treatment history has included chiropractic therapy, massage therapy, acupuncture, physical therapy, sympathetic nerve block. His medications has included Lyrica, Gabapentin, Venlafaxine, Hydrocodone/APAP, topical agents, Doxepin 3.3% gel, Ketamine 5% cream 60 gm and Flexeril 7.5 mg. Follow-up visit dated July 17, 2013 indicates the patient complains of low back and right lower extremity pain secondary to RSD. The patient reports that he is having gradual worsening of his symptoms and that now his left lower extremity is equally painful. He continues to complain of increased stiffness in his bilateral lower extremities and constant pain in his lower back. He reports that his pain today is 8/10 with medications. He also continues to express difficulty sleeping secondary to pain. He continues to utilize medications with benefit and improved function. He denies adverse effects. He does require medication refills today. On exam, the patient is well-developed, well-nourished, and in no cardiorespiratory distress. He is alert and oriented x3. The patient ambulates to the examination room without assistance. The patient is taking Ketamine 5% cream 60 gm, cyclobenzaprine-Flexeril 7.5 mg, hydrocodone 5/500 mg, Lyrica 75 mg, Venlafaxine Hcl Er 37.5 mg, Diclofenac Sodium 1.5% 60 gm, and ibuprofen 800 mg tablet. The patient is diagnosed with Causalgia lower limb, long-term use of medications, and chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LYRICA 75MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Pregabalin (Lyrica®) Page(s): (s) 16-22.

**Decision rationale:** According to the CA MTUS guidelines, Lyrica is effective in treatment of diabetic neuropathy and postherpetic neuralgia, and is considered a first-line treatment for these conditions. Guidelines do not specifically recommend Lyrica for CRPS. The medical records do not document any objective or diagnostic evidence of any neuropathic condition. Bilateral lower extremity EMG (electromyography)/NCS (nerve conduction velocity) on April 20, 2012 was normal, and [REDACTED] at the time noted lack of definitive evidence of reflex sympathetic dystrophy (CRPS I) on neurological examination. [REDACTED] in neurologic consultation on November 12, 2012 felt the patient had depression and probably somatoform pain disorder. CRPS I or II was felt possible, but physical exam findings did not support either. Right lower extremity EMG on January 4, 2013 was normal. Medical records provided do not establish a neuropathic pain disorder in this patient. Furthermore, the patient has been prescribed Lyrica since March 2013, and no clear benefit in terms of pain or function is evident in the medical records. In fact, the patient's pain is said to be worsening, and he remains highly dysfunctional. The request for Lyrica 75mg, 360 count, provided on March 12, 2013, is not medically necessary or appropriate.

**CYCLOBENZAPRINE-FLEXERIL 7.5MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) Page(s): (s) 41, 64.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril®) is recommended as an option, using a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. The guidelines state antispasmodics are used to decrease muscle spasms. The medical records do not document the presence of muscle spasm on examination, and do not establish the patient presents with an acute exacerbation unresponsive to first-line interventions. Furthermore, the patient has been prescribed Cyclobenzaprine at least since November 2012. The chronic use of muscle relaxants is not recommended by the guidelines. The request for Cyclobenzaprine-Flexeril 7.5mg, ninety count, provided on March 12, 2013, is not medically necessary or appropriate.

**DOXEPIN 3.3% GEL 60 GRAMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): (s) 111-113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states most topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control, however, there is little to no research to support the use of many of these agents. Guidelines do not recommend Doxepin for topical application. No objective improvement with Doxepin is established in the medical records. The request for Doxepin 3.3% gel 60 grams, provided on March 12, 2013, is not medically necessary or appropriate.

**KETAMINE 5% CREAM 60 GRAMS, PROVIDED ON MARCH 12, 2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): s 111-113.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control, (including NSAIDs [non-steroidal anti-inflammatory drugs], opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\alpha$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\beta$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. According to the Chronic Pain Medical Treatment Guidelines, topical ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. While this patient carries a diagnosis of neuropathic pain, physical examination findings and diagnostic studies do not corroborate it. Further, benefit with use of this product, such as notable reduction in pain level, increased function, reduction/cessation of opioid and analgesics has not been demonstrated. Rather, the patient reports gradual worsening. The request for Ketamine 5% cream 60 grams, provided on March 12, 2013, is not medically necessary or appropriate.