

Case Number:	CM13-0026717		
Date Assigned:	11/22/2013	Date of Injury:	03/01/2004
Decision Date:	07/24/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/19/2013

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 Geriatrics, and is licensed to practice in New York. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old man with a date of injury of 3/1/04. He was seen by his primary treating physician on 8/27/13 (most distant note in records) with complaints of neck, bilateral wrist, bilateral knee and head pain. His quality of life and activity level were the same and he was said to be taking his medications with no side effects and that they were working well. These included maxalt, lyrica, verapamil, cymbalta, flector, anaprox and prilosec. His physical exam showed restrictions in his cervical range of motion with pain in his paravertebral muscles and spinous processes. Spurling's maneuver caused pain radiating to his upper extremity. His thoracic and lumbar spine were restricted in movement with a tender T5 spinous process and positive left straight leg raise. His left shoulder had limitations in range of motion and his left wrist joint showed swelling but no limitations in range of motion. Tinel's sign was positive. His neurologic exam was normal. His diagnoses were thoracic, knee, cervical, low back and joint pain, cervical and lumbar /lumbosacral disc degeneration, wrist/carpal tunnel syndrome and cervical facet syndrome. He was to continue his medications. At issue in this review are the flector patch and lyrica. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF FLECTOR PATCHES 1.3% #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. The flector is being used then, with little evidence of medical support and the records do not provide clinical evidence to support medical necessity.

1 PRESCRIPTION OF LYRICA 100MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pregabalin or lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The medical records fail to document any significant improvement in pain or functional status to justify ongoing use. He is also receiving other pain medications such as oral and topical NSAIDs. The medical necessity of lyrica is not substantiated in the records.