

Case Number:	CM13-0060533		
Date Assigned:	12/30/2013	Date of Injury:	06/20/2011
Decision Date:	03/27/2014	UR Denial Date:	11/10/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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 physician 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:

Patient is a 42 year old female with date of injury on 06/20/2011. Patient has been treated for ongoing low back, and left hip and knee pain. Patient diagnoses include chronic pain syndrome, lumbosacroiliac sprain, myofascial pain, left lumbar radiculopathy, left hip greater trochanteric bursitis, iliotibial band syndrome and is status post left knee surgery. Previous treatments have included, medications, acupuncture, physical therapy, chiropractic treatment, activity modification, left knee and hip cortisone injections, and left knee surgery. Previous imaging includes x-rays, knee MRI, and lumbar MRI. Medications for pain include hydrocodone and gabapentin with noted ongoing neuropathic pain in spite of these medications. Subjective complaints are of constant low back pain with radiation to left hip and groin, with numbness to the left leg. Patient also had left hip and knee pain. Objective findings are of diffuse tenderness and hypersensitivity of the lumbar area and gluteal region more left than right with impaired lumbar motion. There is also left hip tenderness and slight weakness in the left toe and ankle dorsiflexion, and slight decreased sensation of the left calf and foot. Positive straight leg raise was positive on the left. The requested treatment plan is for Lyrica 1-2 tabs at bedtime to replace gabapentin and continuation of Lidoderm patches which have been helpful in the past. Previous utilization review denied based on unspecified quantity of Lyrica. Review was then modified for Lyrica 50 mg 1-2 tabs at bedtime #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg, 1-2 tabs at bedtime, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica, Antiepileptic Drugs Page(s): 16,19.

Decision rationale: CA MTUS suggests Lyrica and other antiepileptic drugs (AED) are recommended for neuropathic pain. Clinical documentation shows evidence of neuropathic pain continuing in spite of gabapentin, with a request for a trial of Lyrica. CA MTUS does not identify a specific trial period but the onset of action is thought to be less than one week. CA MTUS does add that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an AED for neuropathic pain depends on these improved outcomes. Review of the submitted medical records did not identify any documentation that demonstrated pain relief or functional improvement with this trial of Lyrica. Therefore, the medical necessity for Lyrica with an unspecified quantity is not established..

Lidoderm patches unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: CA MTUS recommends Lidoderm as a second line treatment for localized peripheral pain after there has been evidence of first line therapy treatment failure. The submitted documentation identifies skin hypersensitivity and neuropathic symptoms, and there is documented failure of gabapentin. The treatment plan included a trial of Lyrica for the patient's neuropathic pain. Due to this certified trial of Lyrica, concurrent use of Lidoderm would not be consistent with guidelines until evidence of treatment failure is documented. Therefore, the request for Lidoderm is not medically necessary.