

<b>Case Number:</b>	CM14-0006837		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	06/06/2005
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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. 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 patient is a 59-year-old male who has submitted a claim for Bilateral Cervical Radiculopathy and C4-5 and C5-6 Disc Herniation associated with an industrial injury date of June 6, 2005. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of pain in the cervical spine, rated 7/10, with numbness in the right hand. He also reported pain and numbness in the lumbar spine, rated 7/10, radiating to the right flank. He also had right knee pain, rated 7/10. On physical examination of the cervical spine and upper extremities, there was no gross deformity, swelling, or atrophy of the paracervical muscles. Cervical lordosis was well maintained. There was no evidence of tilt or torticollis. No tenderness was noted. No sensorimotor deficits were noted in the bilateral upper extremities. Range of motion of the cervical spine was limited on all planes. Examination of the lumbar spine and lower extremities revealed normal gait. A well-healed midline incision was noted. No tenderness was reported. Range of motion of the lumbar spine was limited on all planes. No sensorimotor deficits of the bilateral lower extremities were noted. Treatment to date has included physical therapy, acupuncture, right knee arthroscopy, lumbar fusion, left total hip replacement, Synvisc injection to the right knee, cervical epidural steroid injection, and medications including Maxalt MLT 10 mg tablet (since June 2012), Lidoderm 5% patch 3 patches 12 hours on/off (since December 2013), and Lyrica 75 mg capsule (since February 2013). Utilization review from December 17, 2013 denied the request for Maxalt MLT 10 mg, 1 by mouth daily, #30 with 3 refills because the patient did not have migraine; and Lidoderm patches 5%, apply 1 to 3 patches 12 hours on/off, #90 with 5 refills because the patient did not have post-herpetic neuralgia. The same utilization review modified the request for Lyrica 75 mg, 1 by mouth every 12 hours, #60 with 5 refills to 0 refills because it was deemed prudent for the provider to review the patient on

a regular basis to determine efficacy of the medication and absence of side effects prior to embarking on providing multiple prescriptions in advance.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MAXALT MLT 10 MG, ONE BY MOUTH DAILY, #30 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

**Decision rationale:** California MTUS does not specifically address triptans. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that triptans are recommended for migraine sufferers. Rizatriptan (Maxalt) has demonstrated, in a head-to-head study, higher response rates and a more rapid onset of action than sumatriptan, together with a favorable tolerability profile. In this case, Maxalt was being prescribed since June 2012 (25 months to date). However, the medical records failed to provide objective evidence of functional benefit with the use of Maxalt. Furthermore, the records did not show that the patient suffered from migraine. There is no clear indication for continued use of this medication. Therefore, the request for Maxalt MLT 10 mg, one by mouth daily, #30 with 3 refills is not medically necessary.

**LIDODERM PATCH 5%, APPLY 1 TO 3 PATCHES, 12 HOURS ON 12 HOURS OFF, #90 WITH 5 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Lidoderm (Lidocaine Patch), page(s) 56-57 Page(s): 56-57.

**Decision rationale:** According to pages 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. However, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the patient was prescribed Lidoderm patch since December 2013 (7 months to date). The medical records also showed that the patient was prescribed Lyrica, which is a first-line treatment option for localized neuropathic pain. However, there was no documentation of a rationale for the use of Lidoderm patch. Furthermore, there was no evidence that the patient had post-herpetic neuralgia, which is an indication for use of Lidoderm patch. There is no clear indication for the requested medication at this time. Therefore, the request for

Lidoderm patch 5%, apply 1 to 3 patches, 12 hours on 12 hours off, #90 with 5 refills is not medically necessary.

**LYRICA 75 MG, ONE BY MOUTH EVERY 12 HOURS, #60 WITH 5 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs For Pain Page(s): 16, 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Pregabalin Page(s): 19-20.

**Decision rationale:** According to pages 19-20 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In this case, Lyrica was being prescribed since February 2013 (17 months to date). However, the medical records failed to provide objective evidence of functional improvement with the use of Lyrica. Furthermore, the records did not show that the patient suffered from diabetic neuropathy or postherpetic neuralgia. There is no clear indication for continued use of the requested medication. Therefore, the request for Lyrica 75 mg, one by mouth every 12 hours, #60 with 5 refills is not medically necessary.