

<b>Case Number:</b>	CM14-0111256		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/16/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury on 04/16/2011. The mechanism of injury occurred when a manager stepped on her right foot. Her diagnoses included pain in the joint of ankle and foot, reflex sympathetic dystrophy of lower limb, and skin sensation disturbance. Her past treatments included urine drug screens, functional restoration programs, physical therapy, and acupuncture. Her diagnostic exams were not clearly indicated in the clinical notes. The injured worker's surgical history was not clearly indicated in the clinical notes. On 06/19/2014, the injured worker complained of right ankle and foot pain. She rated this pain at 7/10. She described her pain as aching, sharp, shooting, and throbbing, which was aggravated by walking. She reported that the side effects of her medication included dizziness, but she tolerated her medications well. The physical exam revealed that the injured worker had a right sided push off gait and limited range of motion. The exam also showed mechanical allodynia, cold allodynia, hyperallgesia to single pinprick, abnormal skin color, abnormal sweating, and abnormal temperature. The injured worker's medications included Lyrica 50 mg, Methoderm gel, and Gabapentin. The treatment plan consisted of the continuation of Lyrica 50 mg #30, Methoderm gel, and Gabapentin 100 mg capsules #30. A request was received for Lyrica 50 mg capsules #30, Methoderm gel, and Gabapentin 100 mg capsules #30. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg/cap #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Pregabalin (Lyrica) Page(s): 16-17, 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS Page(s): 16-19.

**Decision rationale:** The request for Lyrica 50mg/cap #30 is not medically necessary. The California Guidelines recommend anti-epilepsy drugs such as, Lyrica, for diabetic neuropathy and postherpetic neuralgia. A good response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Based on the clinical notes, the injured worker had diagnoses of reflex sympathetic dystrophy of the lower limb and skin sensation disturbance. This indication would not be supported by the guidelines for the use of Lyrica. The use of Lyrica is contingent on the diagnosis of diabetic neuropathy or postherpetic neuralgia, which the injured worker lacks. Additionally, the clinical notes failed to indicate quantitative measures that show that the efficacy of the drug provided a 50% reduction in pain relief. The clinical note indicated that the injured worker complained of dizziness while taking the medications, but was tolerable. The continued use of anti-epilepsy drugs such as Lyrica depends on improved outcomes. Additionally, it was indicated in the clinical notes that the patient has been prescribed Lyrica since approximately 11/07/2013. The continued use of Lyrica is unwarranted due to the lack of documentation indicating that the injured worker had improved outcomes that could be measured objectively. Therefore, due to lack of documentation indicating the diagnosis of neuropathy or postherpetic neuralgia, quantitative measures indicating pain relief and increased function, and the extended use of the drug without signs of improved outcomes, the request is not supported. Thus, the request for Lyrica 50mg/cap #30 is not medically necessary.

**Menthoderm Gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 111, 105.

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

**Decision rationale:** The request for Menthoderm Gel is not medically necessary. The active ingredients in Menthoderm Gel include 10% menthol and methyl salicylate 15%. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In regard to methyl salicylate, the California guidelines recommend topical salicylates for chronic pain. However, the injured worker lacks a diagnosis or any etiology related to neuropathic pain with failed trials of antidepressants and anticonvulsants documented to warrant the use of topical

analgesics. Also, the clinical notes indicated that the injured worker has been prescribed methoform gel since 12/05/2013. The continued use should be based on improved functionality and symptom relief. Also, the request fails to identify a frequency of dose. Therefore, due to lack of documentation indicating a diagnosis of neuropathic etiology with failed attempts of antidepressants/anticonvulsants and the long term use of the analgesic since 12/2013, the request is not supported. Thus, the request for Methoform Gel is not medically necessary.

**Gabapentin 100mg/cap #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin Page(s): 16-17, 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN Page(s): 49.

**Decision rationale:** The request for Gabapentin 100mg/cap #30 is not medically necessary. The California Guidelines recommend anti-epilepsy drugs such as, Gabapentin for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Based on the clinical notes, the injured worker did not have a diagnosis of painful neuropathy or postherpetic neuralgia to warrant the use of Gabapentin. The indication of use for Gabapentin is contingent on a diagnosis of neuropathic etiology. The clinical notes indicate the she had diagnosis of reflex sympathetic dystrophy syndrome with symptoms that correlated to that specific disease process. She complained of abnormal skin color, sensation, and abnormal temperature. These findings are not related to neuropathic pain. The clinical notes also indicated the she had been prescribed Gabapentin since approximately 12/2013. There are no objective measures that show positive outcomes of the medication to warrant its continued use. Additionally, the request did not include a frequency of dosage. Therefore, due to lack of documentation indicating that a diagnosis of neuropathic pain is evident and the long term use of the medication without any indication of efficacy, the request is not supported. Thus, the request for Gabapentin 100mg/cap #30 is not medically necessary.