

<b>Case Number:</b>	CM14-0136613		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/07/2005
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 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:

This case involves a 52 year-old Correction Officer who sustained an injury on 9/7/05 from closing a heavy malfunctioned door. Request(s) under consideration includes Lyrica 75mg #60 and Flector 1.3% patch (quantity unspecified). The patient is currently not working and is retired. AME report of 2/8/07 declared the patient to be P&S and reached MMI. Diagnoses include lumbosacral spine strain/ disc bulging at L4-5; right shoulder sprain/strain; right elbow and forearm strain/sprain s/p lateral epicondylar debridement; repair/ right cubital tunnel release; ulnar nerve transposition with revision and decompression and right ring trigger finger release; right wrist strain/sprain; and forearm tendinitis and de Quervain's tenosynovitis. Report of 7/1/14 from the provider noted patient with chronic ongoing symptoms of right elbow and wrist pain with on and off. Exam of right elbow showed unchanged TTP over lateral and medial epicondyle; and right wrist unchanged with treatment plan for medication refills. The request(s) for Lyrica 75mg #60 and Flector 1.3% patch (quantity unspecified) were non-certified on 7/22/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 100.

**Decision rationale:** Pregabalin (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. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain level. The clinical exams submitted have no documented neurological deficits or identified any neuropathy. Submitted medical reports have not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. Therefore, this request is not medically necessary.

**Flector 1.3% patch (quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** Per Guidelines, the efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drugs (NSAIDs) or contraindications to oral NSAIDs, after consideration of increase risk profile of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009). These have not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent, and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic 2005 injury. There is no documented functional benefit from treatment already rendered. As such, the Flector 1.3% patch (quantity unspecified) is not medically necessary and appropriate.