

<b>Case Number:</b>	CM14-0173773		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	04/11/1989
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Montana. 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 has a date of injury of 5/10/89. The mechanism of injury is not described in the medical records. Her injury has resulted in chronic low back pain with lumbar degenerative disc disease, left lower extremity radiculopathy and myofascial pain. She has had a lumbar fusion from L3-S1 and did have a beneficial lumbar transforaminal epidural steroid injection on 7/1/14. She has been on a long-term regimen of medications including long-term use of opioids, Lyrica, diazepam, lidocaine patch, magnesium, famotidine, Zyrtec, and Nucynta. The primary treating physician has requested medical review for the requests for Lyrica 100 mg twice a day #180, diazepam 10 mg daily #90, Lidocaine had 5% #90, Magnesium 500 mg daily #90, and Famotidine 40 mg daily #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Day Supply Pos Lyrica Cap 100 mg Qty: 180 with 2 Refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-20.

**Decision rationale:** Lyrica (pregabalin) is an anti-epilepsy drug. The MTUS recommends use of antiepileptic drugs as a first-line treatment for neuropathic pain. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized control trials directed at central pain and none for painful radiculopathy. The choice of specific agents depends on the balance between effectiveness and adverse reactions. A good response to the use of antiepileptic drugs is 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 and concurred with use. The continued use of antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. The medical records provided do note that her Lyrica has been part of her medication regimen on a long-term basis. The primary treating physician notes that the medications are required to allow normal function of activities of daily living. The functional improvements are long-standing and her current functional abilities reflect that long-term improvement as a current baseline. The use of pregabalin in this case is appropriate, considering the MTUS guidelines. More detailed documentation of the medications efficacy, side effects and functional improvement will be helpful for future long-term approval of this medication. Considering the long-term use of this medication regimen for chronic low back pain with neuropathic pain, the prior Utilization Review decision is reversed and the request for pregabalin 100 mg BID #180 is medically necessary.

**Diazepam Tab 10 mg 30 Day Supply Qty: 90 with 1 Refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Diazepam (Valium) is a benzodiazepine type of medication. The MTUS states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic and anxiolytic effects occur within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The medical records show Diazepam has been prescribed on a long-term basis with the current prescription being provided for a 90 day supply with 1 refill. The use of Diazepam is not consistent with the MTUS guidelines which note that it is not recommended for long-term use. The request for Diazepam 10 mg #90 with 1 refill is not medically necessary.

**Lidocaine Pad 5 Percent 90 day supply with no refills: 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 Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Lidoderm

**Decision rationale:** The MTUS states that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Their use is largely experimental with few randomized controlled trials to determine efficacy or safety. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The ODG guidelines also state that Lidoderm patches are not a first-line treatment and are FDA approved only for postherpetic neuralgia. The injured worker does not have post herpetic neuralgia in the request for Lidoderm patches are not medically necessary.

**Magnesium Tab 500 MG 90 day supply Qty: 90 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The MTUS and ODG guidelines do not specifically address use of magnesium in the treatment of any chronic pain or neuropathic pain conditions. The use of magnesium would be appropriate with documentation of a specific nutritional deficit. Since there is no documentation of nutritional deficit the request for Magnesium 500 mg daily #90 are not medically necessary.

**Famotidine Tab 40 MG 90 day supply Qty: 90 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), proton pump inhibitors

**Decision rationale:** Famotidine is a H2 receptor antagonists used for treatment of dyspepsia and gastroesophageal reflux. Proton pump inhibitors and H2 receptor antagonists are frequently used for gastrointestinal symptoms related to use of non-steroidal anti-inflammatory medication. The MTUS notes that Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. The ODG guidelines recommend proton pump inhibitor for patients at risk for gastrointestinal events. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs.

Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. If a PPI is used, Omeprazole OTC tablets or Lansoprazole 24HR OTC is recommended for an equivalent clinical efficacy and significant cost savings. Research, all of the commercially available PPIs appeared to be similarly effective. In this case the treatment records do not document any GI complaints or current use of non-steroidal anti-inflammatory medication. Without specific indication noted in the treatment records the request for Famotidine 40 mg #90 is not medically necessary.