

Case Number:	CM14-0024967		
Date Assigned:	06/11/2014	Date of Injury:	10/01/1993
Decision Date:	08/05/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/27/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 10/01/1993 due to a fall causing him to do the splits. On 01/05/2014, the injured worker presented with lumbar spine pain along with bilateral hip pain. Current medications included Lyrica, Lidoderm, Lexapro, and Ultram. Prior therapy also included a TENS unit and physical therapy. Upon examination, there was a positive Kemp's test, and motor strength 5/5 in lower extremities on dorsiflexion, plantarflexion, eversion, inversion, hip flexion and extension. The left lateral ankle and dorsum of the foot has some dysesthesias noted. The diagnoses were mild degenerative disc disease at L5-S1 facet joints, mild degenerative joint disease at L5-S1 facet joints, and negative for significant posterior disc protrusions and spinal stenosis per AME report dated 03/06/2006. The provider recommended Lyrica and Lidoderm. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 100MG, #60 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica, page 99 Page(s): 99.

Decision rationale: The request for Lyrica 100mg quantity of 60 with 5 refills is non-certified. The California MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, and has FDA approval for both indications. Pregabalin (Lyrica) was also approved to treat fibromyalgia. The included medical documentation does not indicate that the injured worker has a diagnosis that would be congruent with the guidelines recommendations of Lyrica. The provider's request does not indicate the frequency of the requested medication. The injured worker has been prescribed Lyrica since at least 2007. However, the efficacy of the medication was not provided. As such, the request is non-certified.

LIDODERM PATCH 5% #30 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH).

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

Decision rationale: The request for Lidoderm patch 5% with a quantity of 30 and 5 refills is non-certified. The California MTUS Guidelines state topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. The injured worker has been prescribed Lidoderm patch since at least 2007. However, the efficacy of the medication was not provided. Additionally, the provided documentation does not indicate that the injured worker has a diagnosis congruent with the guidelines recommendation of Lidoderm patch. The provider requesting the Lidoderm patch did not indicate the frequency of the medication. As such, the request is non-certified.