

Case Number:	CM14-0026626		
Date Assigned:	06/20/2014	Date of Injury:	08/09/2010
Decision Date:	08/12/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Pain Management, 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 54-year-old female who reported an injury on August 9, 2010 caused by a luggage bag fell and hit the injured worker on top of her head. She complained of, head, neck, and shoulder pain. The injured worker's treatment history included medications, physical therapy treatment, chiropractic treatment, MRI, and urine screens. The injured worker was evaluated on February 17, 2014, and it was documented that the injured worker had neck pain and headaches. It was noted that she had difficulty with vision in her right eye with intermittent episodes of blurriness and pressure. Physical examination of the head revealed tenderness and hypersensitivity to palpation over the right superior aspect of the cranial region extending to the temporal region. The examination of the cervical spine revealed tenderness over the bilateral occipital region, greater on the right, and over the right trapezius and levator scapulae musculature. There was moderate muscle spasm in the bilateral trapezius, levator scapulae, and rhomboids. The range of motion of the cervical spine was flexion 35 degrees, extension 45 degrees, and left/right rotation was 70 degrees. The medications included Lyrica 25 mg and 75 mg at night, and Flector Patches 1.3%. It was documented that the injured worker's functional/pain improvement on medication was a 5/10, and without medications and 8-9/10. It was noted that she had overall improvement of 40% with her pain symptoms with the use of medications. With the use of the medications, she was able to continue to work. The provider noted that with the use of her medications she was able to continue to work, however, without medications, she would not be able to work. In addition, it was noted the injured worker had an extensive neurological evaluation with the neurologist however, the results from the evaluation was not submitted for this review. The diagnoses included cervical sprain/strain, posttraumatic headaches, post-cranial contusion, thoracic sprain/strain, paresthesias of the left arm and right frontal region of the head, and lumbar sprain/strain. The rationale for Lyrica was for the injured

worker's neuropathic pain and for her breakthrough headaches; however, there was no rationale submitted for Flector Patches. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

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

Decision rationale: The Chronic Pain Medical Guidelines recommends 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. Pregabalin was also approved to treat fibromyalgia. On February 17, 2014 the documents provided indicated the injured worker having neck pain and headaches however, there was no diagnoses indicating diabetic neuropathy or postherpetic neuralgia for the injured worker. In addition, it was noted the injured worker had an extensive neurological evaluation with the neurologist however, the results from the evaluation was not submitted for this review. The request did not include frequency or duration of the medication. Given the above, the request for Lyrica 50 mg, sixty count, is not medically necessary or appropriate.

Flector Patches 1.3%, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Flector Patches ointment contain Lidocaine 4% and Menthol 4%. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed ointment contains lidocaine. Furthermore, there was no documentation provided on conservative care measures such as physical therapy, pain management or home exercise regimen. In addition, there was no documentation provided on frequency or location where the Flector Patches would be applied. As Flector Patches contain lidocaine which is not recommended, the proposed compounded product is not recommended. As such, the request for Flector Patches 1.3%, sixty count, is not medically necessary or appropriate.

