

<b>Case Number:</b>	CM14-0037919		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/24/2005
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic myofascial pain syndrome, right upper extremity pain, depression, and arm pain reportedly associated with an industrial injury of December 24, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; adjuvant medications; and an apparent arm amputation surgery. In a Utilization Review Report dated March 4 2014, the claims administrator approved a one-month supply of Norco, approved a request for Prozac, denied a request for Lidoderm patches, and approved a request for Lyrica. The claims administrator also stated that the applicant was awaiting implantation of arm prosthesis. The applicant's attorney nevertheless appealed the denial. In a progress note dated October 22, 2013, the applicant was given diagnosis of status post shoulder disarticulation with amputation of right upper extremity. The applicant had phantom limb pain of the right upper extremity, posttraumatic stress disorder, anxiety, neuropathic pain involving the right arm, depression, and myofascial pain syndrome. The applicant had completed a functional restoration program. It was stated that the applicant wanted to have his prosthesis fixed. The attending provider stated that usage of Lyrica and Prozac had diminished the applicant's consumption of opioid medications by 50%. It was stated that the applicant was pending replacement of the prosthesis. The attending provider stated that the applicant was previously using two tablets of Norco per day but was now only using one tablet of Norco per day, presumably after introduction of Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 112, Topical Lidocaine section. Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patches are indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing; reportedly successful usage of an anticonvulsant adjuvant medication, Lyrica, effectively obviates the need for the Lidoderm patches in question. Therefore, the Lidoderm Patch is not medically necessary.

**Lyrica:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin or Lyrica is considered a first-line treatment for neuropathic pain. In this case, the applicant apparently has neuropathic pain/phantom limb pain of the upper extremity following an amputation of the same. The applicant has posited that ongoing usage of Lyrica has effectively ameliorated some of his pain complaints as evinced by his diminished consumption of Norco following introduction of Lyrica. Continuing the same, on balance, is therefore indicated. Accordingly, the Lyrica is medically necessary.