

Case Number:	CM14-0091337		
Date Assigned:	08/04/2014	Date of Injury:	06/06/2006
Decision Date:	09/10/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 46 year old female who sustained a work related injury on 06/06/2006. The mechanism of injury is not documented. Most recent progress note submitted for review is dated 05/15/2014. The injured worker states her symptoms have become worse. The pain that radiates down her arm from her shoulder, neck and back remains constant. Shooting pain down the leg has increased. Movement is restricted. Additionally, shoulder pain, muscle cramps has increased, to the point that holding and controlling movements is difficult. Pain is rated 9/10. The injured worker states that her functional abilities have gotten worse. There is no documentation of physical examination on this visit. No documentation of the visual analog scale (VAS) with and without medication, and no functional improvement was documented. Prior utilization review dated 06/11/14 was non-certified for the Lidocaine/Prilocaine Cream and Lyrica 75 mg with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg, 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 16.

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

Decision rationale: As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no indication in the documentation that the patient has been diagnosed with fibromyalgia or has objective findings consistent with neuropathic pain. Additionally, there is no indication of reassessment of the benefit associated with the use of Lyrica. As such, the request for Lyrica is not medically necessary. Prior utilization review recommended modification.

Lidocaine/Prilocaine cream, with 4 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 9792.20, Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.