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| Case Number: | CM14-0187710 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 03/01/1999 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/15/2014 |
| Priority: | Standard | Application Received: | 11/11/2014 |

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 shoulder pain, finger pain, hand pain, and wrist pain reportedly associated with an industrial injury of March 1, 1999. In a Utilization Review Report dated October 15, 2014, the claims administrator approved a request for Ultram, denied a request for Flector patches, denied a request for Lyrica, and approved a request for Pamelor (Nortriptyline). Non-MTUS ODG Guidelines were invoked to deny Flector. The claims administrator stated that they were denying Lyrica on the grounds that the applicant did not have diabetic neuropathy, postherpetic neuralgia or fibromyalgia, condition for which Lyrica would be indicated. The claims administrator stated that the decision was based on September 15, 2014 office visit. The applicant's attorney subsequently appealed. In an IMR application dated November 11, 2014, the applicant's attorney wrote that Flector and Lyrica were being appealed separately, on lines 2 and 3, respectively. In a May 6, 2014 progress notes, the applicant was placed off of work, on total temporary disability, owing to issues with carpal tunnel syndrome status post right and left carpal tunnel release surgery. The applicant was now triggering of multiple digits. The applicant received several trigger finger corticosteroid injections. On August 24, 2005, the applicant was asked to remain off of work, on total temporary disability through September 15, 2005. In the claims administrator's 'index designation of records' dated September 5, 2014, the claims administrator seemingly suggested that the most recent note on file was correspondence between the applicant's employer and applicant dated June 6, 2007. It did not appear, thus, that the September 15, 2014 progress note at issue was incorporated into the independent medical review packet, at least based on the 'index designation of records.' In a progress note dated August 25, 2014, the applicant apparently consulted a pain management physician and presented with ongoing complaints of wrist, elbow, and shoulder pain. The applicant was apparently using

Soma and hydrocodone. The applicant presented to the pain management physician using Soma and hydrocodone. The applicant was having difficulty performing basic activities of daily living including cooking, cleaning, laundry, dishes, and household chores. The applicant had developed depression and anxiety. The applicant's complete medication list, as of this point in time, included Dexilant, Synthroid, Lyrica, Pravachol, Desyrel, Topamax, Soma, and Norco. The applicant will ultimately have to discontinue Soma and Norco, continue Lyrica, add Nortriptyline, begin BuTrans, and apply topical Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section Page(s): 112.

Decision rationale: Flector is a derivative of topical Diclofenac/Voltaren. The applicant's primary pain generators here are the neck and bilateral shoulders. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Diclofenac/Voltaren has "not been evaluated" for treatment involving the spine or shoulder, i.e., the primary pain generators here. The attending provider failed to furnish any compelling applicant specific rationale or narrative commentary, which would offset the unfavorable tepid-to-unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.

Lyrica 75mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms section, Anti-Epilepsy Drugs topic Page(s): 3; 16.

Decision rationale: As noted on page 16 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drug/anticonvulsant adjuvant medication such as Lyrica are recommended for neuropathic pain or pain due to nerve damage. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that neuropathic pain is characterized by symptoms such as lancinating, electric shock like pain, tingling, numbing, and burning sensations. Here, the applicant was described as having issues with residual paresthesias, numbness, tingling, about the bilateral upper extremities reportedly associated with residual carpal tunnel syndrome of the same. The attending provider posited on the August 25, 2014, office visit above that Lyrica monotherapy alone was not altogether effective in attenuating the applicant's neuropathic pain complaints. It was suggested that the applicant employ Lyrica (Pregabalin) in conjunction with Nortriptyline (Pamelor). This was an appropriate role for

Lyrica (Pregabalin), per pages 3 and 16 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.