

Case Number:	CM15-0005537		
Date Assigned:	01/16/2015	Date of Injury:	09/12/2013
Decision Date:	03/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 female (date of birth unspecified) who reported an injury on 09/12/2013. The mechanism of injury was not provided. Her diagnoses were noted to include repetitive strain injury, De Quervain's wrist tenosynovitis, delayed recovery, pain induced depression, myofascial pain syndrome, and cervical strain. Past treatments were noted to include medications and physical therapy. On 12/01/2014, it was indicated the injured worker had neck pain. Upon physical examination, it was indicated her grip strength had decreased as her medications had been denied. It was indicated that she had decreased range of motion to her cervical spine. Medications were noted to include Lyrica and topical Pennsaid. The treatment plan was noted to include medications. A request was received for Lyrica 75 mg capsules quantity 30 without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg Capsules Qty 30: 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 Antiepilepsy drugs (AEDs), Page(s): 16-20.

Decision rationale: According to the California MTUS Guidelines, Lyrica is effective to treat diabetic neuropathy and post herpetic neuralgia. It has also been FDA approved to treat fibromyalgia and anxiety. The clinical documentation submitted for review did not indicate such conditions. It was also not indicated specifically how Lyrica improved her function and reduced her pain. Consequently, the request for Lyrica 75 mg capsules quantity 30 is not medically necessary. Consequently, the request is not supported. Additionally, the request does not specify a duration or frequency of use. As such, the request for Lyrica 75 mg capsules quantity 30 is not medically necessary.

Duloxetine 20mg Qty 60: 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 Antidepressants for chronic pain, Page(s): 13.

Decision rationale: According to the California MTUS Guidelines, antidepressants are recommended for neuropathic and non-neuropathic pain. Assessment of treatment efficacy should document pain outcomes, function, changes in use of other medications, sleep quality and duration, psychological assessments, and side effects. The clinical documentation submitted for review did not indicate such efficacy. Consequently, the request is not supported. Additionally, the request did not specify duration and frequency of use. As such, the request for duloxetine 20 mg quantity 60 is not medically necessary.

Topical Solution Pump of Pennsaid 2%: 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 Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that when any 1 medication is not recommended in a compounded product, the entire compounded product is then not recommended. The guidelines go on to state that the only topical NSAID that is approved is diclofenac. Topical NSAIDs are indicated for osteoarthritis and tendinitis to the knee and elbow. The clinical documentation submitted for review did not in the injured worker had tried and failed antidepressants and anticonvulsants. In the absence of documentation noting the failure of antidepressants and anticonvulsants, and as Pennsaid was not noted to be recommended for topical use, the request is not supported by the evidence based guidelines. Additionally, the request did not specify

duration, frequency, or body region that this was to be applied to. As such, the request for topical solution pump of Pennsaid 2% is not medically necessary.

Lyrice 150mg Capsules Qty 60: 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 Antiepilepsy drugs (AEDs), Page(s): 16-20.

Decision rationale: According to the California MTUS Guidelines, Lyrice is effective to treat diabetic neuropathy and post herpetic neuralgia. It has also been FDA approved to treat fibromyalgia and anxiety. The clinical documentation submitted for review did not indicate such conditions. It was also not indicated specifically how Lyrice improved her function and reduced her pain. Consequently, the request for Lyrice 150 mg capsules quantity 60 is not medically necessary. Consequently, the request is not supported. Additionally, the request does not specify a duration or frequency of use. As such, the request for Lyrice 150 mg capsules quantity 60 is not medically necessary.