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| <b>Case Number:</b>   | CM15-0019026 |                              |            |
| <b>Date Assigned:</b> | 02/06/2015   | <b>Date of Injury:</b>       | 08/15/2008 |
| <b>Decision Date:</b> | 04/03/2015   | <b>UR Denial Date:</b>       | 02/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/02/2015 |

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39-year-old female who reported an injury on 08/15/2008. The mechanism of injury was not specifically stated. The current diagnoses include adjustment disorder due to chronic pain with mixed anxiety/depression, complex regional pain syndrome type 1 in the right upper extremity, secondary right cervical myofasciitis, failed spinal cord stimulator trial, and status post right 5th digit laceration injury with right 5th digit neuralgia. The injured worker presented on 01/05/2015 for a follow-up evaluation. It was noted that the injured worker reported an improvement in symptoms with the medical record of Lyrica and Lidoderm. The injured worker was requesting repeat trigger point injections into the right trapezius area. Upon examination, there was persistent hyperalgesia in the right upper extremity with dysesthesia to pinwheel in the right upper extremity. There was also weakness was trigger points found in the right trapezius region. Recommendations included continuation of the current medication regimen of Lyrica 50 and Lidoderm 5% patch. A request was also submitted for purchase of an interferential/TENS unit along with supplies. A Request for Authorization form was then submitted on 01/20/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg quantity 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 Page(s): 16-21.

**Decision rationale:** The California MTUS Guidelines state Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia. Antiepilepsy drugs are recommended for neuropathic pain. In this case, it was noted that the injured worker has continuously utilized Lyrica 50 mg since at least 09/2014. There was no documentation of objective functional improvement. There was also no frequency listed in the request. Therefore, the request is not medically appropriate at this time.

**Lidoderm patch 5% quantity 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 Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical lidocaine has been FDA approved in the formulation of a dermal patch and is recommended for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. In this case, the injured worker is currently utilizing Lyrica 50 mg. There was no documentation of a failure of first line treatment with tricyclic or SNRI antidepressants or an anticonvulsant. It was also noted that the injured worker has continuously utilized Lidoderm 5% patch since at least 09/2014. There was no documentation of objective functional improvement. There was also no frequency listed in the request. As such, the request is not medically appropriate at this time.