MAXIMUS Federal Services

Case Number:	CM15-0140648		
Date Assigned:	07/30/2015	Date of Injury:	06/03/2001
Decision Date:	09/14/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48 year old female, who reported an industrial injury on 6-3-2001. Her diagnoses, and or impression, were noted to include: failed lumbar back syndrome; and lumbar spinal stenosis. No current electrodiagnostic or imaging studies were noted. Her treatments were noted to include medication management. The progress notes of 2-18-2015 reported complaints of worsened control over her lower back, hips, legs and head pain, daily function, and mood; as well as reporting that she was doing well with current pain medication regimen. Objective findings were noted to include: weight gain and morbid obesity; lumbar tenderness over the lumbar para-spinals and with extension and flexion; and decreased lumbar range-of-motion. The physician's requests for treatments were noted to include the continuation of her current medications for pain control; her medications were noted to include Lyrica, Cambia Powder for solution, and Flector Patches Extended Release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg 30 day supply quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 16-18; 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with other analgesics including Oxycodone and topical analgesics for months. The pain is recently worsening indicating decreased effectiveness of the medication. There is no indication for continued use and the Lyrica is not medically necessary.

Cambia Powder 50mg 15 day supply quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67, 68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Cambia is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. The claimant had been on Cambia along with topical Flector and oral Oxycodone for months. The pain was increasing and there is no indication for using 2 compounds that have topical NSAIDs. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The Cambia is not medically necessary.

Flector Dis 1.3% 30 day supply quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topicla analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for

several months along with Cambia and oral Oxycodone with increasing pain. There is limited evidence to support long-term use of Flector. Particular location for application of Flector was also not specified. The Flector patch is not medically necessary.