

Case Number:	CM15-0141246		
Date Assigned:	07/31/2015	Date of Injury:	11/13/2002
Decision Date:	09/24/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/21/2015

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
 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 59-year-old female, with a reported date of injury of 11-13-2002. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbar displaced intervertebral disc, herniated nucleus pulposus; lumbar radiculopathy; and L4 to L5 disc protrusion with right greater than the left L4 and L5 radicular pain and weakness. Treatments and evaluation to date have included oral medications, a home exercise program, and chiropractic treatment. The diagnostic studies to date were not indicated. The medical report dated 04-27-2015 indicates that the injured worker had increased right radicular left pain and a decrease in strength. It was noted that without appropriate treatment, the injured worker may not be able to continue to function in the workplace without either increased modifications or to be taken off work. The physical examination showed lumbar flexion to 30 degrees, lumbar extension to 10 degrees, increase low back pain, positive right straight leg raise test, normal strength in the left lower extremity, right lower extremity weakness, and equal and present neurological testing in the bilateral patellar and Achilles reflexes. The injured worker rated her back, leg, neck, arm pain 8 out of 10. It was noted that the injured worker worked full time with modifications. The urine toxicology report dated 05/28/2015 was inconsistent for oxycodone. The treating physician requested Lidoderm patch 5% #30, Duexis 800-26.6mg #60, and Lyrica 75mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30 (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Lidoderm patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Lidoderm (lidocaine patch).

Decision rationale: The 59-year-old patient complains of lower back pain and bilateral leg pain and weakness, as per progress report dated 03/30/15. The request is for Lidoderm 5% # 30 (30 day supply). There is no RFA for this case, and the patient's date of injury is 11/13/02. Diagnoses, as per progress report dated 05/28/15, included L4-5 disc protrusion with bilateral L4 and L5 radicular pain and weakness, and moderately severe reactive depression. Medications as per progress report dated 04/27/15, included Percocet, Lyrica and Duexis. The patient is working full time with modifications, as per the same progress report. MTUS guidelines page 56 and 57, Lidocaine (Lidoderm patch) section states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy -tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica-." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. A Trial of patch treatment is recommended for a short-term period (no more than four weeks). This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." In this case, none of the progress reports documents the use of Lidoderm patch. It is not clear, if this is the first prescription for this medication or if the patient has used it in the past. There is no discussion regarding efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS and ODG recommend Lidoderm patch for the treatment of peripheral localized neuropathic pain and there is no such diagnosis in this case. Hence, the request is not medically necessary.

Duexis 800-26.6 mg #60 (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication, Famotidine Page(s): 22, 68-69.

Decision rationale: The 59-year-old patient complains of lower back pain and bilateral leg pain and weakness, as per progress report dated 03/30/15. The request is for Duexis 800-26.6 mg #60

(30 day supply). There is no RFA for this case, and the patient's date of injury is 11/13/02. Diagnoses, as per progress report dated 05/28/15, included L4-5 disc protrusion with bilateral L4 and L5 radicular pain and weakness, and moderately severe reactive depression. Medications as per progress report dated 04/27/15, included Percocet, Lyrica and Duexis. The patient is working full time with modifications, as per the same progress report. Per FDA label indication, Duexis is a combination of the NSAID Ibuprofen and the histamine H2-receptor antagonist famotidine indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, which in the clinical trials was defined as a gastric and/or duodenal ulcer, in patients who are taking ibuprofen for those indications. The clinical trials primarily enrolled patients less than 65 years of age without a prior history of gastrointestinal ulcer. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. For Famotidine, MTUS page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, a prescription of Duexis "for pain and inflammation" is first noted in progress report dated 03/02/15, and the patient has been taking the medication consistently at least since then. A prior progress report documents the use of Ibuprofen. In progress report dated 03/30/15, the treater states that Duexis "does upset her stomach at times." While the treater does not provide a GI risk assessment for this patient, it appears that Duexis is causing GI issues in the patient. Additionally, the treater does not document the efficacy of Duexis in terms of reduction in pain and improvement in function, as required by MTUS page 60 for all pain medications. Hence, the request is not medically necessary.

Lyrica 75 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 19-20.

Decision rationale: The 59-year-old patient complains of lower back pain and bilateral leg pain and weakness, as per progress report dated 03/30/15. The request is for Lyrica 75 mg #90. There is no RFA for this case, and the patient's date of injury is 11/13/02. Diagnoses, as per progress report dated 05/28/15, included L4-5 disc protrusion with bilateral L4 and L5 radicular pain and weakness, and moderately severe reactive depression. Medications as per progress report dated

0427/15, included Percocet, Lyrica and Duexis. The patient is working full time with modifications, as per the same progress report. MTUS Guidelines, pages 19-20, Anti-epilepsy Drugs section, have the following regarding Lyrica: "Pregabalin & Lyrica, no generic available & has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA-approval for both indications, and is considered first-line treatment for both." It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Lyrica for "neuropathic pain" is first noted in progress report dated 01/05/15, and the patient has been taking the medication consistently at least since then. It is not clear when the medication was prescribed for the first time. While every progress report available for review mentions Lyrica, there is no discussion regarding its efficacy. The treater does not document the impact of this medication on pain and function, as required by MTUS page 60 for all pain medications. Hence, the request is not medically necessary.