MAXIMUS Federal Services

Case Number:	CM15-0144167		
Date Assigned:	08/05/2015	Date of Injury:	05/09/2007
Decision Date:	09/22/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/24/2015

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: Emergency 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 55-year-old female injured worker suffered an industrial injury on 5-9-2007. The diagnoses included dysthymic disorder, post lumbar laminectomy and lumbar radiculopathy. The treatment included left sacroiliac injections and medications. The diagnostics included lumbar magnetic resonance imaging. On 7-14-2015, the treating provider reported low back pain and left lower extremity pain. She reported she had severe pain. With the medications, she was able to exercise able to shop, do activities of daily living, walk 6 miles and without medication, she was only able to walk ½ mile. With medication, she was able to stand 1 hour and without medication, it was 15 minutes. The current pain was rated 5 out of 10 in the back and left lower extremity to the foot with associated numbness of the left foot and radiation shooting down the right flank. He prescribed Lidoderm as a trial to the back for topical pain and inflammation relief. The injured worker had not returned to work. The requested treatments included Lyrica, Skelaxin and Lidoderm Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: As per MTUS Chronic pain guidelines, Antiepilepsy drugs (AEDs) may be useful in neuropathic pain but data is limited. Lyrica is FDA approved for diabetic neuropathy and postherpetic neuralgia only. It is sometimes used off label for other neuropathic pain such as complex regional pain syndrome although evidence to support its use is poor. It is no indicated for back pain. It is unclear why patient is on this medication. Lyrica is not medically necessary.

Skelaxin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 81.

Decision rationale: As per MTUS chronic pain guidelines, Skelaxin or Metaxalone is a second line muscle relaxant. Recommendation only for short-term use. Patient has been on this medication chronically, which is not recommended. Skelaxin is not medically necessary.

Lidoderm Patch #90: 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 Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia and only after a failure of 1st line medications. There is poor evidence to support its use in other neuropathic pain conditions such as such as spinal pain. Patient does not have any documentation of failure of 1st line medications or any indications for use. Lidoderm is not medically necessary.