

Case Number:	CM15-0144273		
Date Assigned:	08/05/2015	Date of Injury:	07/09/2014
Decision Date:	09/01/2015	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: North Carolina

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:

The injured worker is a 51 year old male, who sustained an industrial injury on July 9, 2014. He reported bilateral hand and buttock pain, numbness and tingling. The injured worker was diagnosed as having electrocution and burn trauma. Treatment to date has included medication, surgery, hospitalization, x-ray, MRI, occupational therapy, home exercise program, urine drug screen and psychotherapy. Currently, the injured worker complains of constant bilateral hand pain described as deep, achy, burning, throbbing, shooting, tingling, pressure and cramping and is rated at 8-9 on 10. The pain is increased by activity and relieved with heat. He reports left leg pain and swelling described as sharp and shooting and can increase his pain level for up to 5 days. He also reports neck, left shoulder, chest, left arm, left side, left low back pain as well as a purple discoloration and coldness of his left foot. The injured worker is diagnosed with electrocution injury, cervical spine strain-sprain, myofascial pain, left cervical brachial myofascial pain syndrome, brachial neuritis, left shoulder strain, right upper extremity neuropathic pain, left leg neuropathic pain and chronic pain syndrome. His work status is temporary total disability. In a progress note dated July 13, 2015, it states the injured worker experiences relief from pain medication from a 7 on 10 to a 6 on 10 that lasts for 2 hours. The following medications, Lidoderm patch (1 patch on for 12 hours and off for 12 hours) #30 and Lyrica 150 mg 1 tablet 4 times a day #60 is requested to continue to provide the injured worker with pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch, 1 every 12 hours on, 12 hours off, #30: 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 topical lidocaine Page(s): 111-112.

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritic. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritic. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. There is no documentation of failure of first line neuropathic pain medications. Therefore criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.

Lyrica 150mg, 1 orally 4 times a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) - Outcome; Specific Anti-Epilepsy Drugs-Pregabalin (Lyrica, no generic available) Page(s): 16-17, 19.

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

Decision rationale: The California chronic pain medical treatment guidelines section on Lyrica states: Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a

Schedule V controlled substance because of its causal relationship with euphoria. (Blommel, 2007) This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia. (ICSI, 2007) (Tassone, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Crofford, 2005) (Stacey, 2008) The patient does not have the diagnoses of diabetic neuropathy, fibromyalgia or post herpetic neuropathy. There is no documentation of failure of other first line agents for peripheral neuropathy. Therefore guideline recommendations have not been met and the request is not medically necessary.