

<b>Case Number:</b>	CM15-0147929		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	08/28/2003
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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, Indiana, New  
 York Certification(s)/Specialty: Internal 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 injured worker is a 70 year old male, who sustained an industrial injury on August 28, 2003. Treatment to date has included epidural steroid injection, diagnostic imaging, facet injections, ice-heat therapy, home exercise program and medications. Currently, the injured worker complains of low back pain. He rates his low back pain a 7-8 on a 10-point scale with medications and a 4 on a 10-point scale without medications. He reports that his medications reduced his pain by 40% at best and allow him the ability to function. He reports that his medications, activity restriction, and rest manage his pain and allow him to do activities of daily living such as walking, shopping and light household chores. His current medication regimen includes Norco, Celebrex, Trazodone, skelaxin, and Lyrica. On physical examination, the injured worker has continued tenderness to palpation and tightness of the lumbar spine. He has restricted range of motion of the lumbar spine and positive bilateral straight leg raise tests. He has a positive Patrick's test on the right. An MRI of the lumbar spine on July 29, 2014 revealed multi-level degenerative disc disease and facet disease and foraminal narrowing. The diagnoses associated with the request include lumbar disc degeneration, lumbar disc displacement without myelopathy, chronic pain syndrome and lumbar facet joint pain. The treatment plan includes continued heat-ice therapy, rest, home exercise program, and continued Norco, Celebrex, Lidoderm and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Official Disability Guidelines, Lidoderm 5% patches, #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are degeneration lumbar or lumbosacral intervertebral disc without myelopathy; other symptoms referable to back; chronic pain syndrome; insomnia NEC; drug-induced constipation; and lumbar facet joint pain acute. The date of injury is August 23, 2003. The request for authorization is July 21, 2015. The earliest progress note containing a Lidoderm prescription and Lyrica prescription is dated November 26, 2014. According to a June 24, 2015 progress note, the pain score is 4-5/10. Subjectively, the injured worker complains of chronic pain with radiculitis involving the lower extremities. Medications include Norco, Celebrex, Trazodone, and Skelaxin. Lidoderm patches are not listed in the current list of medications. Objectively, there is numbness and tingling and burning of the lateral leg and right foot. There is tenderness to palpation over the lumbar spine with decreased range of motion. The documentation does not demonstrate objective functional improvement with Lidoderm. Additionally, Lidoderm is not listed in the current list of medications. There is no documentation of first-line treatment failure with antidepressants and anticonvulsants. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Lidoderm, the current list of medications does not include Lidoderm patch, evidence of first-line treatment failure with antidepressants and anticonvulsants, Lidoderm 5% patches, #30 is not medically necessary.

**Lyrica 75mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lyrica.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lyrica 75 mg #90 with three refills is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are degeneration lumbar or lumbosacral intervertebral disc without myelopathy; other symptoms referable to back; chronic pain syndrome; insomnia NEC; drug-induced constipation; and lumbar facet joint pain acute. The date of injury is August 23, 2003. The request for authorization is July 21, 2015. The earliest progress note containing a Lidoderm prescription and Lyrica prescription is dated November 26, 2014. According to a June 24, 2015 progress note, the pain score is 4-5/10. Subjectively, the injured worker complains of chronic pain with radiculitis involving the lower extremities. Medications include Norco, Celebrex, Trazodone, Lyrica and Skelaxin. Lidoderm patches are not listed in the current list of medications. Objectively, there is numbness and tingling and burning of the lateral leg and right foot. There is tenderness to palpation over the lumbar spine with decreased range of motion. The documentation does not demonstrate objective functional improvement to support ongoing Lyrica. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Lyrica, Lyrica 75 mg #90 with three refills is not medically necessary.