

<b>Case Number:</b>	CM15-0163283		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	11/27/1998
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Texas, 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 is a 53-year-old female patient who sustained an industrial injury on 11-27-1998. Diagnoses include lumbago; lumbar degenerative disc disease; lumbar facet arthropathy; post-laminectomy syndrome; and sciatica. According to the progress report dated 8-11-2015, she had complaints of constant low back pain with radiation to the right lower extremity to the bottom of the right foot. According to the progress report dated 7-14-2015, she had complaints of constant low back pain with radiation to the right lower extremity to the bottom of the right foot rated 7 out of 10. She had a flare-up of her overall chronic pain throughout the month due to not receiving her Celebrex. She reported 80% pain relief lasting two hours with H-Wave use for 30 minutes twice daily. She rated her pain 4 out of 10, on average, with pain medication. She indicated she could not bend her back to pick things up, but had to bend her knee to get down. She also felt her legs were weak and complained that they give out at times. She also stated she continued to stay active with household chores and running errands with pain medication use. Lyrica provided greater than 50% relief of pain along with Lidoderm patches for neuropathic pain. The physical examination revealed slow and right antalgic gait, could not heel-toe walk, 4/5 muscle strength in the right leg and 5/5 in the left leg, decreased sensation in the right L4 to S1 dermatome to pain and temperature, positive Facet loading and positive straight leg raise on the right. The medications list includes endocet, oxycontin, lyrica, baclofen, celebrex, lansoprazole, lidocaine patch and eszopiclone. She has undergone two lumbar spine surgeries (L4-5 fusion) in 2000 and 2003. She has had epidural steroid injections, TENS, light yoga and occasional aqua therapy. A request was made for one prescription of Lyrica 150mg, #60 and one prescription of Lidocaine patch 5%, #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lyrica 150mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti- epilepsy drugs (AEDs), page 16 Pregabalin (Lyrica, no generic available), page 19.

**Decision rationale:** Lyrica 150mg #60. Lyrica is an anti-epilepsy medication. According to MTUS chronic pain guidelines, anti-epilepsy drugs are recommended for neuropathic pain (pain due to nerve damage). Lyrica 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. According to the records provided patient had low back pain with radiation to the right lower extremity to the bottom of the right foot. She has objective findings on the physical examination- slow and right antalgic gait, could not heel-toe walk, 4/5 muscle strength in the right leg and 5/5 in the left leg, decreased sensation in the right L4 to S1 dermatome to pain and temperature, positive Facet loading and positive straight leg raise on the right. The patient has history of lumbar spine fusion surgeries. There is evidence of nerve related pain Lyrica is medically appropriate and necessary in such a clinical situation. The request of Lyrica 150mg #60 is medically necessary and appropriate for this patient.

### **Lidocaine Patch 5% #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113 Lidoderm (Lidocaine patch) page 56-57.

**Decision rationale:** Lidocaine Patch 5% #60. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is 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. There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is taking Lyrica. Failure of antidepressant (with dose, duration and frequency) is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidocaine Patch 5% #60 is not fully established for this patient.