

Case Number:	CM15-0168418		
Date Assigned:	09/09/2015	Date of Injury:	08/01/2002
Decision Date:	10/14/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/26/2015

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 44 year old male, who sustained an industrial injury on 8-1-02. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; urine drug screening; lumbar spine rhizotomy (7-3-14); medications. Currently, the PR-2 notes dated 7-17-15 are hand written and difficult to decipher. The notes appear to indicate the injured worker complains of low back pain that radiates to the left lower extremities that increases with activities, bending, stooping. The injured worker wants a facet block but has a lumbar interbody fusion at L4-L5, L5-S1 from 2-2-06. He reports moderate to severe pain rated at 7-8 out of 10 that is constant with numbness to the left lower extremity. Objective findings are listed as lumbar spine pain with left sciatic notch spasms. He has a decreased in range of motion due to pain with extension and has a positive Kemp's sign. His straight leg raise increased low back pain. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-10-15 and non-certification of Voltaren gel and Lyrica 75mg #120. The provider is requesting authorization of Voltaren gel and Lyrica 75mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The current request is for Voltaren gel. The RFA is dated 07/17/15. Treatment to date has included physical therapy, lumbar fusion (02/02/06), lumbar spine rhizotomy (7-3-14) and medications. The patient is TTD. MTUS Chronic Pain Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Per report 07/17/15, the patient presents with low back pain that radiates to the left lower extremities that increases with activities, bending, and stooping. Examination revealed tenderness in the left sciatic notch with muscle spasms, decreased ROM, and positive Kemp's and straight leg raise test. The patient's medications include Percocet, Lunesta, Lyrica and Motrin. This appears to be an initial request. This patient presents with chronic low back pain and MTUS states that Voltaren gel is not indicated for the spine, hip or shoulder. This patient does not meet the indication for the use of a topical Voltaren. This request is not medically necessary.

Lyrica 75mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The current request is for Lyrica 75mg #120. The RFA is dated 07/17/15. Treatment to date has included physical therapy, lumbar fusion (02/02/06), lumbar spine rhizotomy (7-3-14) and medications. The patient is TTD. MTUS Guidelines, page 19-20, Antiepilepsy drugs (AEDs) section, under Lyrica states: "Pregabalin (Lyrica) 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. 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." Per report 07/17/15, the patient presents with low back pain that radiates to the left lower extremities that

increases with activities, bending, and stooping. Examination revealed tenderness in the left sciatic notch with muscle spasms, decreased ROM, and positive Kemp's and straight leg raise test. The patient's medications include Percocet, Lunesta, Lyrica and Motrin. The patient has been prescribed Lyrica since at least 10/02/14. With the use of medications, patient is able to bathe, get dressed, and participate in HEP. Pain is reduced on average from 7-8/10 to 3-4/10 with medications. In this case, this patient is benefiting from the use of Lyrica for his radicular pain. Given the patient's symptoms, and documentation of medication efficacy, this request is medically necessary.