

Case Number:	CM15-0025519		
Date Assigned:	02/18/2015	Date of Injury:	08/19/2011
Decision Date:	04/06/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/10/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old male, who sustained an industrial injury on August 19, 2011. He has reported a vehicular injury while he was making a delivery causing pain in the interscapular region, neck pain, low back pain and bilateral lower limb pain. The diagnoses have included chronic thoracic myofascial pain, chronic lumbar back pain, chronic bilateral upper extremity radicular symptoms, history of bilateral lower extremity radicular symptoms and chronic cervical pain. Treatment to date has included PT and medications. The MRI of the cervical and lumbar spines showed degenerative disc disease, disc dessication but no significant disc bulge or nerve entrapment. Currently, the injured worker complains of sharp interscapular pain. This was noted to comprise of 75 % of the current symptoms. He also complained of persistent neck pain and numbness affecting bilateral arms and legs. He feels he is making additional progress and had plateaued. He reported his frustration with not working, not being able to exercise and experiencing some anxiety and depression over his pain situation and lack of employment. The current medications listed are Lyrica, Lidoderm, Amitriptyline and Cymbalta. On January 14, 2015 Utilization Review non-certified Lidoderm patches #90 with 3 refills, noting the CA MTUS Guidelines. Utilization Review modified a request for Lyrica 25mg #90 with 3 refills to Lyrica 25mg #45 with no refills, noting the CA MTUS Guidelines. On February 10, 2015, the injured worker submitted an application for Independent Medical Review for review of Lyrica 25mg #90 with 3 refills and Lidoderm patches #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25mg #90 x 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 17-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22.

Decision rationale: The CA MTUS recommend that anticonvulsant can be utilized for the treatment of neuropathic pain. The records indicate that the patient had subjective and objective findings consistent with the diagnoses of cervical radicular pain. There is co-existing history of headache, psychosomatic symptoms and numbness of the extremities. The utilization of Lyrica was reported to be effective. in symptomatic relief. The criteria for the use of Lyrica 25mg #90 3 refills was met.

Lidoderm patches #90 x 3 refills: 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 9792.24.2 Page(s): 56-57, 112.

Decision rationale: The CA MTUS guidelines recommend that topical analgesic product can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant medications. The records did not show subjective or objective findings consistent with the diagnoses of localized neuropathic pain such as CRPS. The records did not show that the patient failed treatment with antidepressant and anticonvulsant medications. The patient is utilizing Lyrica and Amitriptyline but the dosages had not been titrated up to therapeutic dose regimen. The criteria for the use of Lidoderm patch #90 3 refills was not met.