

<b>Case Number:</b>	CM15-0219024		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	08/01/2002
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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, 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 54 year old female who sustained an industrial injury on 08-01-2002. According to a progress report dated 10-08-2015, the injured worker presented with left shoulder and arm pain. Severity of symptoms were noted as moderate to severe with profound limitations. Pain radiation was noted at the neck, chest and upper arm. Left forearm and elbow pain was moderate with significant limitation and was associated with stiffness, tenderness, sensitivity and numbness and tingling. Left hand and wrist pain was severe. Pain radiation was noted in the palm, thumb, middle finger and ring finger and was associated with numbness, tingling, tenderness, dropping things and waking up at night. Current medications included Amlodipine, Cetirizine, Metformin, aspirin, citric acid, sodium bicarbonate, Lyrica and Zolpidem. Surgical history included left shoulder arthroscopic acromioplasty with partial distal claviclectomy, left elbow extensor slide and supinator tunnel release, left carpal tunnel release, right ulnar nerve release with medial epicondylectomy and carpal tunnel release, right shoulder arthroscopic acromioplasty and left shoulder arthroscopic distal claviclectomy. Diagnoses included lesion of radial nerve left upper limb, bursitis of right shoulder, bursitis of left shoulder, sprain of joints and ligaments of other parts of neck, carpal tunnel syndrome right upper limb, carpal tunnel syndrome left upper limb, lesion of ulnar nerve right upper limb, lesion of ulnar nerve left upper limb and lateral epicondylitis. The provider noted that the injured worker was going through a flare up of symptoms. The treatment plan included continuation of elbow sleeve pad, Lyrica, Lidoderm patch and Prilosec. Work status was per the agreed medical examiner. Documentation submitted for review showed use of Lyrica dating back to 03-06-2015. Lidoderm patches were later prescribed on 06-17-2015. On 10-27-2015, Utilization Review non-certified the request for Lyrica 25 mg #60 and Lidoderm patch 5% #30 with 5 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 25mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

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

**Decision rationale:** Lyrica is effective in treating diabetic neuropathy and postherpetic neuralgia and is FDA approved for both conditions as well as fibromyalgia and neuropathic pain from spinal cord injury. The available medical records do not establish any of the above conditions. There is also no specific documentation of pain relief or functional improvement due to the use of Lyrica. Therefore, the request is not medically necessary or appropriate.

**Lidoderm patch 5% #30 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

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

**Decision rationale:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Lidoderm patches are specifically recommended for postherpetic neuralgia after first-line agents (antidepressants, anticonvulsants) have failed. In this case, there is no documentation of efficacy of Lidoderm. There is also no documentation of trial and failure of first-line agents or intolerance to an oral agent requiring use of a topical agent. Therefore, the request is not medically necessary or appropriate.