

<b>Case Number:</b>	CM15-0030167		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	07/14/2003
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old, female patient, who sustained an industrial injury on 07/14/2003. A visit note dated 12/19/2014 from the functional restoration program, reported status at discharge, is not inclined to return to gainful employment by choice. Is given the following restrictions; limited to no lifting or carrying greater than 8 pounds. She is limited to no hand use greater than on an occasional basis. She is precluded from repetitive upper extremity use and repetitive neck motions. The future medical care is indicated as follows; medications as prescribed, follow up visits with treating physicain and functional restoration program aftercare. She is prescribed the following medications; Lyrica 150MG TID, Cymbalta 30MG BID, Mobic 7.5MG BID, norco 5/325MG BID, Ambien CR 12.5MG QHS, Omeprazole 20MG BID, Lidocaine cream as needed, Thermacare patch 1, QID, and Lidoderm patch as needed. A request was made for Lyrica 50 MG # 90, Lyrica 100 MG # 90 and Thermacare # 30. On 01/30/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Anti-Epileptic Drugs, were cited. On 02/18/2015, the injured worker submitted an application for independent medical review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica Cap 50mg 30 Day Supply QTY: 90, with 3 Refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs Page(s): 16-17, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

**Decision rationale:** MTUS and ODG state that "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. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references." MTUS additionally comments "Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain (pain due to nerve damage)... A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use." It is unclear if the employee has neuropathic pain and the employee does not have diabetic neuropathy or post-herpetic neuralgia. Therefore, the request for Lyrica is not medically necessary.

**Lyrica Cap 100MG 30 Day Supply QTY:90 with 2 Refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17,99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

**Decision rationale:** MTUS and ODG state that "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. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references." MTUS additionally comments "Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain (pain due to nerve damage)... A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be

documentation of pain relief and improvement in function as well as documentation of side effects incurred with use."It is unclear if the employee has neuropathic pain and the employee does not have diabetic neuropathy or post-herpetic neuralgia. Therefore, the request for Lyrica is not medically necessary.

**Thermacare MIS Neck WRS 30 Day Supply QTY: 120 with 1 Refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Pain, Heat/cold applications.

**Decision rationale:** Thermacare is a commercially available heating pad with various heat settings. ACOEM and ODG comment on heat/cold packs, "Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient."There is no evidence to specifically recommend heating pads. The guidelines to appear to recommend short term use of heat application, but does further state that the evidence is supportive. With a date of injury of 2003, the patient is significantly past the "acute" phase of the injury. As such, the request for Thermacare MIS Neck WRS 30 Day Supply QTY: 120 with 1 Refill is not medically necessary.