MAXIMUS Federal Services

Case Number:	CM15-0047475		
Date Assigned:	03/19/2015	Date of Injury:	09/06/2007
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/12/2015

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, New York, California
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 applicant is a represented 51-year-old [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 6, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier lumbar spine surgery; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a February 8, 2015 Utilization Review report, the claims administrator failed to approve requests for Lyrica, a ketamine containing cream, Lidoderm patches, and Cymbalta. A February 4, 2015 RFA form and associated progress note of January 28, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In an appeal letter dated March 5, 2015, the attending provider appealed previously denied Lyrica, ketamine, Lidoderm, and Cymbalta. The attending provider stated that the applicant had longstanding radicular pain complaints. The attending provider stated that he believed that applicant would be better off with his medications than without his medications. The note was highly templated. In a January 21, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The attending provider stated that the applicant had felt some slight improvement following introduction of Lyrica and Cymbalta. The applicant stated that Cymbalta was ameliorating his mood to a greater degree and was attenuating his neuropathic pain complaints. The applicant had undergone failed epidural steroid injection therapy and failed spine surgery. The applicant's medications included topical compounded ketamine containing cream, topical Lidoderm patches, Cymbalta, Lyrica, aspirin, glipizide, Zestril, Risperdal, metformin, and

Pravachol. In a progress note dated January 20, 2015, the applicant stated that Lyrica was not doing for anything for his pain complaints. The attending provider stated that the applicant did not want a spinal cord stimulator trial. The applicant had apparently completed functional restoration program without any benefit. Lyrica, ketamine, Lidoderm patches, Cymbalta and lumbar MRI were endorsed. Permanent work restrictions were renewed. The applicant was not working with said permanent limitations in place, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

Decision rationale: No, the request for Lyrica, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is recommended in the treatment of diabetic neuropathic pain, postherpetic neuralgia, and by analogy, neuropathic and/or radicular pain complaints in general, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, it was acknowledged on multiple progress notes, referenced above, including on January 20, 2015. The applicant stated that Lyrica had not done anything to attenuate his radicular pain complaints. Permanent work restrictions were renewed, seemingly unchanged from visit to visit. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.

Ketamine 5% cream 60 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 113.

Decision rationale: Similarly, the request for a ketamine-containing topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is deemed under study and recommended only for treatment of neuropathic pain in refractory cases in which all

primary and secondary treatments have been exhausted. Here, however, there was no mention or evidence of the applicant's having failed and/or exhausted all primary and secondary treatments. The attending provider did seemingly suggest that Cymbalta had proven effective in attenuating the applicant's radicular pain complaints, seemingly obviating the need for the ketamine-containing compound in question. Therefore, the request was not medically necessary.

Lidoderm 5% patch QTY: 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Similarly, the request for Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of Cymbalta, an antidepressant adjuvant medication, effectively obviated the need for the Lidoderm patches in question. Therefore, the request was not medically necessary.

Cymbalta 60mg QTY: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15.

Decision rationale: Finally, the request for Cymbalta, a typical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Cymbalta may be helpful in alleviating symptoms of depression. Here, the attending provider did seemingly indicate on a progress note of January 21, 2015 that Cymbalta was augmenting his mood. Page 15 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that Cymbalta is FDA proven in the treatment of diabetic neuropathy and can be employed off label for radiculopathy. Here, the applicant did seemingly have lower extremity pain and paresthesias, either function of diabetic neuropathy and/or lumbar radiculopathy. The attending provider's documentation and commentary, furthermore, seemingly suggested that Cymbalta was the one medication which was proving effective here in terms of augmenting the applicant's mood and attenuating the applicant's neuropathic pain complaints. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.