

Case Number:	CM15-0080548		
Date Assigned:	05/01/2015	Date of Injury:	11/27/1991
Decision Date:	06/24/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/27/2015

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: Internal 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 61 year old, male who sustained a work related injury on 11/27/91. The diagnoses have included sacroiliac region strain/sprain, lumbosacral disc degeneration, lumbosacral neuritis/radiculitis, lumbago and depression. Treatments have included oral medications and pain cream. In the PR-2 dated 2/18/15, the injured worker complains of chronic pain in his lumbar spine. He complains of more pain since he is out of the Ketoprofen cream. He rates his pain level a 6/10. At best, his pain level is 4/10 and at its worst, it's an 8/10. He has pain that radiates down his right leg to toes with numbness. He does have some pain down left leg, but right leg is worse. He has decreased range of motion in lumbar spine due to pain. He has tenderness over paravertebral muscles with hypertonicity. He has marked tenderness over the right sacroiliac joint. He has a positive Faber test. He has increased spasms. He is taking his medications as prescribed. He states medications are working well. The treatment plan includes prescription refills for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg, #60, 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDS) page 16-20. Pregabalin (Lyrica) pages 19-20.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that Lyrica (Pregabalin) 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. Lyrica is an anti-epilepsy drug (AED). Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). The progress report dated 2/18/15 documented that the patient was taking Tramadol and Lyrica with good relief. He reports he has pain radiating down leg to the toes with numbness. Medications help with pain level. The patient has hypertension managed with Lisinopril. Diagnoses were sprains and strains of sacroiliac, lumbar disc degeneration, lumbosacral neuritis radiculitis, and lumbago. The primary treating physician's progress report dated May 19, 2015 the diagnoses of hypertension, sprains and strains of sacroiliac, lumbar disc degeneration, lumbosacral neuritis radiculitis, and lumbago. The medical records document neuropathic pain. Per MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). Lyrica is an anti-epilepsy drug (AED). The request for the anti-epilepsy drug Lyrica is supported by MTUS guidelines. Therefore, the request for Lyrica is medically necessary.

Ketoprofen 10%, #1, 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics, page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs), page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events,

including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers, beta-blockers, or diuretics. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that non-steroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The progress report dated 2/18/15 documented that the patient was taking Tramadol and Lyrica with good relief. He reports he has pain radiating down leg to the toes with numbness. Medications help with pain level. The patient has hypertension managed with Lisinopril. Diagnoses were sprains and strains of sacroiliac, lumbar disc degeneration, lumbosacral neuritis radiculitis, and lumbago. The primary treating physician's progress report dated May 19, 2015 the diagnoses of hypertension, sprains and strains of sacroiliac, lumbar disc degeneration, lumbosacral neuritis radiculitis, and lumbago. Per MTUS, NSAIDS are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. Medical records document the long-term use of NSAIDS. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. The use of the NSAID topical Voltaren is not supported by MTUS guidelines. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. The use of the topical NSAID Ketoprofen is not supported by MTUS guidelines. Therefore, the request for topical Ketoprofen is not medically necessary.