

<b>Case Number:</b>	CM14-0122564		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/14/2009
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55-year-old female who reported an injury on 06/14/2009. The mechanism of injury was not provided. On 05/27/2014, the injured worker presented with residual low back pain radiating down the bilateral lower extremities. Upon examination, there was decreased range of motion. There was lateral back pain with bilateral side bending. There was increased lumbar lordosis. There was mild lumbar paraspinal spasm and residual motor tenderness bilaterally. There was a positive bilateral lumbar facet maneuver. There was a positive bilateral straight leg raise. Examination of the right ankle revealed limitation of dorsiflexion and residuals of right ankle arthroscopic scars. There was a positive right ankle inversion stress test and residual right subtalar tenderness. There was mild allodynia and recurrent hyperpathia. Current medications included Topamax and gabapentin. The provider recommended lidocaine patches and Lyrica capsules; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Patches of 5% Lidocaine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** The request for 30 patches of 5% lidocaine is not medically necessary. The California MTUS states topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain and disorders other than postherpetic neuralgia. The injured worker does not have a diagnosis congruent with the guideline recommendation of lidocaine patches. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**90 Capsules of Lyrica 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs (Pregabalin).

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

**Decision rationale:** The request for 90 capsules of Lyrica 50 mg is not medically necessary. The California MTUS Guidelines state Lyrica has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. At the initiation of treatment there should be documentation of pain relief and improved function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability and adverse effects. The efficacy of the prior use of the medication was not provided. The provider's rationale was not provided. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.