

Case Number:	CM14-0137069		
Date Assigned:	09/03/2014	Date of Injury:	07/29/2008
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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 Occupational Medicine and is licensed to practice in California. 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 claimant was injured on 07/29/08 while lifting a patient. Lyrica and Lidoderm patches are under review. She saw [REDACTED] on 03/12/13 for chronic low back pain. She was status post epidural steroid injection on 12/12/12 and also had one on 01/10/12 and she reported 50-60% reduction in her low back pain and sciatic symptoms following the procedure which was about the same as in January. The relief had declined a bit. She had attended a course of chiropractic for 4 visits. She also received some traction which was helpful. She was using a TENS unit twice a day for about an hour. She was using tramadol for pain and reported 40% pain relief. There was no tenderness and no neurologic deficits. She was diagnosed with chronic low back pain with degenerative disc disease, disc herniation, and annular tear at L5-S1 and bilateral sciatic pain right worse than left. She had insomnia, depression, and anxiety. She was prescribed Motrin. On 03/28/13, she was seen again. A trial of traction in therapy as well as a foam wedge had been approved. She had some slight gastric upset with Motrin but no significant side effects of her medications. Her findings were unchanged. A trial of amitriptyline was recommended. On 08/02/13, she had an AME. She also tried osteopathic treatment and acupuncture. There was little improvement. She had a panel QME on 08/21/13. On 03/25/14, she had an AME. On 04/28/14, she had another Agreed Medical Re-evaluation. On 06/04/14, she saw [REDACTED]. She had low back and right groin pain. She had tried different medications including Ultram, Neurontin, and Soma but had side effects. She was currently on Lyrica. She continued with lumbar spine tenderness and decreased range of motion. Lyrica was continued and acupuncture was ordered for 3 visits. She had an MRI on 06/27/14. There was no change from the previous study in August 2009. On 07/03/14, she reported that acupuncture helped a lot and she had felt much better for 3 months. She was taking Motrin, Lyrica and using Lidoderm patches. On 07/15/14, she reported taking tramadol, Motrin, Lyrica, and using

lidocaine patches. She was advised to increase the ibuprofen or try Aleve. Her pattern of medication use is not generally described.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Lyrica 50mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 131.

Decision rationale: The history and documentation do not objectively support the request for Lyrica. The MTUS state "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." In this case, there is not clear evidence of neuropathic pain to support the use of Lyrica. There is no documentation of diabetic neuropathy, postherpetic neuralgia, fibromyalgia, or radiculopathy/radiculitis. The claimant's pattern of use of her medications is not described clearly for each one. The medical necessity of this request for Lyrica 50 mg with 3 refills has not been clearly demonstrated. Therefore the request is not medically necessary.

1 Prescription of Lidoderm patches with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Lidoderm patches. The MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of multiple other medications with no documentation of intolerance or lack of effect. The claimant's pattern of use of her medications is not described clearly for each one. The medical necessity of this request for Lyrica has not been clearly demonstrated. Therefore the request is not medically necessary.