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| <b>Case Number:</b>   | CM14-0137752 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 07/25/2005 |
| <b>Decision Date:</b> | 10/06/2014   | <b>UR Denial Date:</b>       | 08/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2014 |

### 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 patient is a 69 year-old male with date of injury 07/25/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/12/2014, lists subjective complaints as pain in the lumbar spine. Objective findings: Examination of the lumbar spine revealed decreased range of motion in all planes due to pain, decreased lordosis, and tenderness over the paravertebral muscles, and painful compression test. Kemp's sign was positive into the left hip. Diagnosis: 1. Lumbar disc injury 2. Lumbar facet arthralgia 3. Left sacroiliac arthralgia 4. Left hip arthralgia. The medical records supplied for review document that the patient had not been prescribed the following medications before the request for authorization on 08/12/2014. Medications: 1. Lyrica 75mg, #60 QHS (every night) 2. Zorvolex 18mg, #90 TID (3 times daily) 3. Flector Patches 1.3%, #60 BID (2 times daily).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #60, with 4 refills:** 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 Anti-Epilepsy Drugs (AEDs) Page(s): 19-20.

**Decision rationale:** The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Lyrica is not medically necessary.

**Zorvolex 18mg, TID #90, with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac

**Decision rationale:** According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Zorvolex appears to have been prescribed as a first-line medication. Zorvolex is not medically necessary.

**Flector Patches 1.3% BID #60, with 4 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 Topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS, Flector patches are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The patient has been prescribed Flector patches for lumbar pain and has been given a quantity larger than what is recommended. Flector patches are not medically necessary.