MAXIMUS Federal Services

Case Number:	CM14-0138396		
Date Assigned:	09/05/2014	Date of Injury:	03/03/1999
Decision Date:	10/09/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	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 Physical Medicine & Rehabilitation and Pain 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 injured worker is a 70-year-old female who reported an injury on 03/03/1999. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of grade 1 spondylolisthesis, L4-5 with severe stenosis at L3-4, L4-5 with radiculitis. The injured worker's past medical treatment consisted of the use of a TENS unit, chiropractic therapy, physical therapy, and medication therapy. Medications included Lyrica and Lidoderm patches. There were no urinalysis drug screens submitted for review. On 05/20/2014, the injured worker complained of low back pain. The physical examination revealed tenderness in the lower lumbar paravertebral musculature. It was also noted that there was a forward flexion of 40 degrees, extension of 10 degrees, and lateral bending of 30 degrees. Strength in the lower extremities was globally intact. The sitting straight leg raise examination was negative bilaterally. The current treatment plan was for the injured worker to continue the use of Lyrica and Lidoderm patches. The provider feels with the use of these medications, the injured worker can avoid narcotic medication. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin (Lyrica, no generic available) Page(s): 16, 19-20.

Decision rationale: The request for Lyrica 75 mg is not medically necessary. The California MTUS Guidelines indicate that Lyrica is recommended for neuropathic pain. The California MTUS Guidelines state that Lyrica is an anticonvulsant that has been documented to be effective in the treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered a first line treatment for both. This medication is designated as a schedule 5 controlled substance because of its causal relationship with euphoria. The medication also has an antianxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. The injured worker had no diagnosis of diabetic neuropathy or post herpetic neuralgia. Furthermore, there was no indication in the submitted reports that the injured worker had any type of anxiety. The submitted report dated 05/20/2014 lacked any clear objective findings to support ongoing neuropathic pain conditions which would reasonably require the use of anticonvulsants. Although Lyrica is a first line recommends medication in the treatment of neuropathic pain, the submitted documentation did not substantiate the use of this medication. Furthermore, the request as submitted did not specify a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS guidelines. As such, the request for Lyrica is not medically necessary.

Lidoderm patches #30 with 2 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): 57-58, 112.

Decision rationale: The request for Lidoderm patches is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state Lidoderm is the brand name for a Lidocaine patch produced by [redacted]. They are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially-approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. According to the MTUS Guidelines, Lidocaine is recommended to patients with a diagnosis of radiculopathy. The submitted reports did indicate that the injured worker had a diagnosis of radiculopathy. However, the submitted report lacked evidence of neuropathic pain. The efficacy of the medication was also not submitted for review. It was not indicated whether the Lidoderm patches were helping the injured worker with any functional deficits. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Lidoderm patches is not medically necessary.