

Case Number:	CM14-0165924		
Date Assigned:	10/13/2014	Date of Injury:	02/25/2013
Decision Date:	11/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/08/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 50 year old male who was injured at work on 02/25/2013. The injured worker is reported to have injured his shoulder when he reached out for a 25 pound bag of quarters. The worker reported to his doctor on 09/16/2013 complaining of pain in his shoulder, low back and right lower extremity. The pain improves with medications, and the injured worker was back to regular duty. His diagnosis includes complete rupture of rotator cuff, disorders of the bursae and tendon in the shoulder region, thoracic or lumbosacral neuritis or radiculitis, and other affections of the shoulder region. Treatments have included physical therapy, Ultracet, Lodine, Lyrica, Zanaflex, Lidoderm patches; rotator cuff repair on 07/12/2013. The Lumbar MRI of 12/06/2013 revealed disc diseases, foraminal stenosis, right lateral osteophyte disc at L4-5 possibly involving the L4 nerve root. At dispute are the requests for (60) Tablets of Lyrica 50mg with 4 refills; (60) Tablets of Lodine 400mg with 4 refills; 30) Lidoderm 5% Patches with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

(60) Tablets of Lyrica 50mg with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available) Page(s): 19.

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

Decision rationale: The medical records provided for review do not indicate a medical necessity for Lyrica 50mg with 4 refills. The MTUS does not recommend continuing the antiepileptic drugs without documentation of pain relief, improvement in function, as well as documentation of side effects. A response of less than 30% is a trigger for switching to a different antiepileptic or antidepressant, or combination therapy. Since there was no documentation of up to 30% improvement in pain, the request for Lyrica 50mg is not medically necessary.

(60) Tablets of Lodine 400mg with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67.

Decision rationale: The medical records provided for review do not indicate a medical necessity for (60) Tablets of Lodine 400mg with 4 refills. The Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The MTUS recommends against the prolonged use of these medications due to their side effects. The records indicate this worker has used the drug for at least one year. The continued use of Lodine 400mg is not medically necessary.

(30) Lidoderm 5% Patches with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch); Topical Analgesics Page(s): 56-57; 111-113;.

Decision rationale: The medical records provided for review do not indicate a medical necessity for (30) Lidoderm 5% Patches with 4 refills. The MTUS recommends against the use of this drug except for treatment of neuropathic pain when that has not responded to trials of antidepressants and anticonvulsants. The records revealed the injured worker is being treated with an anticonvulsant, but the degree of benefit was not documented, neither was there a documentation of use of antidepressant, or of failed treatment with either of these. Therefore, the request for Lidoderm 5% Patches is not medically necessary.