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| <b>Case Number:</b>   | CM14-0217518 |                              |            |
| <b>Date Assigned:</b> | 01/07/2015   | <b>Date of Injury:</b>       | 11/14/2011 |
| <b>Decision Date:</b> | 03/04/2015   | <b>UR Denial Date:</b>       | 12/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/29/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 years old male patient who sustained an injury on 11/14/2011. The current diagnoses include acute exacerbation status post long head biceps tendonitis, status post right long head biceps tenodesis with revision of tenodesis and removal of the bicep tenodesis screw at the proximal humerus, status post right shoulder rotator cuff repair and subacromial decompression, right upper extremity paresthesias, injury to the median nerve and rule out radial tunnel syndrome. Per the doctor's note dated 12/23/2014, he had complaints of acute exacerbation of right shoulder pain with sensation of ants crawling up and down his skin. The physical examination revealed hold his right arm in antalgic position, right shoulder- significant tenderness over the right mid biceps and chest musculature, some swelling, tingling sensation and Wartenberg pinwheel in the right lower arm in non distinct dermatomal pattern and positive Tinel's sign at the right wrist. The medications list includes Lyrica, Norco, Lidoderm patch and Trazodone. He has undergone right shoulder surgeries. He has had urine drug screen report in 12/2014 which was positive for Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax .25 MG 1 By Mouth Every Day #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): page 24.

**Decision rationale:** Request: Q-1-Xanax .25 MG 1 by Mouth Every Day #15 Xanax contains alprazolam which is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Any trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. As mentioned above, prolonged use of benzodiazepines may lead to dependence. They do not alter stressors or the individual's coping mechanisms. The medical necessity of Xanax .25 MG 1 by Mouth Every Day #15 is not established for this patient.

**Lidoderm Patch 5 Percent 1 Every 12 Hours #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidoderm (lidocaine patch) Page(s): page 111-113 and page 56-57.

**Decision rationale:** Request: Q-2-Lidoderm Patch 5 Percent 1 Every 12 Hours #30 According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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". There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is taking Lyrica. Failure of Lyrica for these symptoms is not specified in the records provided. Intolerance to oral medications for pain other than opioids is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm Patch 5 Percent 1 Every 12 Hours #30 is not fully established for this patient.

**Lyrica 75 MG 2 Tabs 3 Times A Day #150:** Overturned

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

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

**Decision rationale:** Request: Q-3-Lyrica 75 MG 2 Tabs 3 Times a Day #150 Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, antiepilepsy drugs are "recommended for neuropathic pain (pain due to nerve damage. Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." "The pt has a history of multiple right shoulder surgeries. As mentioned above patient had acute exacerbation of right shoulder pain with sensation of ants crawling up and down his skin and right upper extremity paresthesia. This is suggestive of neuropathic pain. Lyrica is medically appropriate and necessary for this patient. The request of Lyrica 75 MG 2 Tabs 3 Times A Day #150 is medically necessary and appropriate for this patient.