

Case Number:	CM15-0010162		
Date Assigned:	01/30/2015	Date of Injury:	07/27/2008
Decision Date:	03/25/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/19/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female who sustained a work related injury on 07/27/08. She reports neck and shoulder pain and numbness. Diagnoses include neck sprain/strain, chronic pain syndrome, and cervical disc disorder. Treatments to date include pain medications and urine drug screening. In a progress note dated 11/19/14, the treating provider reports decreased painful range of motion with tenderness to palpation. She was noted to be tearful during appointment. On 12/17/14 Utilization Review non-certified the request for Lidocaine patches, citing MTUS guidelines. Lyrica was also non-certified, citing non-MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Serotonin-norepinephrine reuptake inhibitor (SNRI)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The patient presents with pain affecting the neck and bilateral shoulder. The current request is for Lyrica 150MG #60. The treating physician report dated 1/7/15 (6C) states, Patient has been on Lyrica for years and it has helped to control her upper extremity radicular symptoms. The report goes on to state; there is diffuse tenderness in the cervical bilateral paraspinal muscles as well as in the bilateral superior trapezius muscles. The MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and post herpetic neuralgia. In this case, the patient experiences shooting neck and left shoulder pain with numbness into the bilateral upper extremities and has positive objective findings on examination. Furthermore, the patient has been taking Lyrica for years with little or no side effects and functional improvement is documented. The current request satisfies the MTUS guidelines as outlined on pages 16-18. Recommendation is for authorization.

Lidoderm Patch 5% #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Serotonin-norepinephrine reuptake inhibitor (SNRI)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The patient presents with pain affecting the neck and bilateral shoulder. The current request is for Lidoderm Patch 5% #30. The treating physician report dated 1/7/15 (6C) states, The Lidoderm Patches help to control her residual neuropathic symptoms. MTUS guidelines state Lidoderm is Not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized neuropathic 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). In this case, the patient is currently prescribed a first-line therapy in the form of Lyrica and has been taking the medication for multiple years. Furthermore, the physician has documented functional improvement from the use of a Lidoderm patch and no major side effects or aberrant behavior has been noted. The current request satisfies the MTUS guidelines as outlined on pages 56-57. Recommendation is for authorization.

Lyrica 300MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Serotonin-norepinephrine reuptake inhibitor (SNRI)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The patient presents with pain affecting the neck and bilateral shoulder. The current request is for Lyrica 150MG #60. The treating physician report dated 1/7/15 (6C) states,

Patient has been on Lyrica for years and it has helped to control her upper extremity radicular symptoms. The report goes on to state; There is diffuse tenderness in the cervical bilateral paraspinal muscles as well as in the bilateral superior trapezius muscles. The MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and post herpetic neuralgia. In this case, the patient experiences shooting neck and left shoulder pain with numbness into the bilateral upper extremities and has positive objective findings on examination. Furthermore, the patient has been taking Lyrica for years with little or no side effects and functional improvement is documented. The current request satisfies the MTUS guidelines as outlined on pages 16-18. Recommendation is for authorization.