

Case Number:	CM15-0119411		
Date Assigned:	06/29/2015	Date of Injury:	10/10/2004
Decision Date:	08/04/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 female who sustained an industrial injury on October 10, 2004. The injured worker was diagnosed as having cervical degenerative disc disease with spondylosis, failed back surgery syndrome of the cervical spine, myofascial pain, and sleep disturbance. Treatment to date has included H-wave, home exercise program (HEP), cervical laminectomy, and medication. Currently, the injured worker complains of neck pain and upper back pain. The Treating Physician's report dated May 20, 2015, noted the injured worker with increased pain as she had not been dispensed Lidoderm patches, as her pain significantly increases without medication. Pain level was 6-7/10 with an interval pain level at 6-7/10. Examination showed an erect and independent gait, and significant spasm and trigger points at the left trapezius scapular area. The injured worker was noted to be independent in activities of daily living (ADLs). The treatment plan was noted to include Lyrica and Lidoderm patch medications and a request for trigger point injections at the left scapular and trapezius areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, thirty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note that Lidocaine is indicated for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a trial of first-line anti-depressants or antiepilepsy drugs. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidocaine is not recommended for non-neuropathic pain. The injured worker was noted to have the diagnoses of cervical degenerative disc disease with spondylosis, failed back syndrome of the cervical spine, myofascial pain, sleep disturbance, without documentation of neuropathic pain, diabetic neuropathy, or post-herpetic neuralgia. The documentation provided noted the injured worker was independent with her activities of daily living (ADLs), able to drive herself, without documentation of objective, measurable improvements in pain, function, or quality of life with use of the Lidoderm patches. Return to work was not documented. The documentation noted failure of gabapentin but pain relief with Lyrica; use of antidepressants was not discussed. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Lidoderm 5% patch, thirty count with two refills. Therefore, the request is not medically necessary.

Lyrica 100 mg, thirty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 17, 19, 20.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Chronic Pain guidelines notes antiepilepsy drugs (AEDs) are recommended for neuropathic pain, with a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. Lyrica (Pregabalin) has been associated with many side effects including edema, central nervous system (CNS) depression, weight gain, and blurred vision.

Somnolence and dizziness have been reported to be the most common side effects related to tolerability. It has been suggested that this drug be avoided if the patient has a problem with weight gain. The documentation provided failed to document objective, measurable improvements in the injured worker's pain, function, or quality of life with the use of the Lyrica. Some pain relief was noted but at least a 30% improvement in pain was not noted. Work status was not discussed and there was no documentation of improvement in specific activities of daily living as a result of use of Lyrica. Based on the MTUS guidelines, the documentation provided failed to support the medical necessity of the request for Lyrica 100 mg, thirty count with two refills.