

<b>Case Number:</b>	CM15-0129962		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 48-year-old female, who sustained an industrial injury on 5/11/2012. The mechanism of injury is unclear. The injured worker was diagnosed as having lumbar disc disease, lesion on sciatic nerve, lumbago, and bursitis. Treatment to date has included medications, and lumbar radiofrequency ablation (5/22/2014). The request is for Lyrica, Anaprox DS/Naproxen Sodium, and Lidocaine pad 5%. On 4/15/2014, it is reported that she had 95% pain relief lasting 6 days and 80% lasting relief, from lumbar medial branch blocks completed on 8/29/2013. She is also reported to have had excellent relief of pain from radiofrequency ablation completed on 9/19/2013, and lasted until March 2014. The treatment plan included lumbar radiofrequency ablation. On 5/22/2014, she had lumbar radiofrequency ablation. On 4/22/2015, she complained of back pain. She requested refill on Lyrica. She reported tolerating work with the help of Lyrica and an over the counter non-steroidal anti-inflammatory drug (NSAID). She rated her back pain as 1-2/10, and indicated it prevented sleep, and her ability to work. Her current medications included: Advil, Lyrica, Calcium, Potassium chloride ER, Hydrochlorothiazide, Metoprolol tartrate and Lidoderm 5% adhesive patch. She is reported to have allergies to Codeine, Cymbalta, Lunesta, and Percocet Sulfa. Physical findings: blood pressure 104/60, back tender to touch, and positive left side sitting straight leg raise test. The treatment plan included: follow up in 3 months, refer to another physician regarding re-evaluation of lumbago, sample and prescription of Lyrica, and prescription of Anaprox DS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #90 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement definition; Antiepilepsy drugs (AEDs); Lyrica (Pregabalin) Page(s): 1, 16-22, 58.

**Decision rationale:** According to the CA MTUS guidelines, Lyrica (Pregabalin) is an anti-epilepsy drug (AED), recommended for neuropathic pain (pain due to nerve damage). Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia, and has been used effectively for the treatment of other neuropathic pain. The CA MTUS states, "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. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for: a switch to a different first line agent, combination therapy if treatment with a single drug agent fails". Ongoing treatment should reflect documentation of pain relief and functional improvement, as well as, side effects of the anti-epilepsy drug. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. AEDs are associated with teratogenicity, so they must be used with caution in woman of childbearing age. Preconception counseling is recommended for anticonvulsants (due to reductions in the efficacy of birth control pills). Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, the records indicate she has been utilizing Lyrica since at least March 2014, possibly longer. Any medical records between May 22, 2014, and April 22/2015 are not available for this review. On April 1, 2014, she indicated she was attaining partial relief of her pain with the use of Lyrica. The current records do not indicate what her pain relief and functional improvement is in relation to Lyrica. While her grooming/appearance and level of consciousness are indicated on 4/22/2015, her current activities of daily living with the use of Lyrica are not documented. The records indicated she is tolerating work with the help of Lyrica and over the counter non-steroidal anti-inflammatory drugs. There is no indication of a reduction in work restrictions from the use of Lyrica. She is reported to be "able to return to some but not all normal activities". The activities she has been able to return to are not indicated. Functional improvement has not been established as per the CA MTUS guidelines. Therefore, the request for Lyrica 75 mg #90 with 5 refills is not medically necessary.

**Anaprox DS/Naproxen Sodium 550mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 67-73.

**Decision rationale:** The CA MTUS guidelines state that Anaprox DS (Naproxen) is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDs recommend periodic monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). In this case, the patient reported relief with an over the counter NSAID (and the use of Lyrica). However, there is no objective evidence presented by the provider to document that any significant improvements from this medication. It is unclear how long she has been utilizing NSAIDs. Her blood pressure is noted to be 104/60. The records do not indicate periodic monitoring of blood tests. Based on these findings it is determined that the request for Anaprox DS (Naproxen) with 3 refills is not medically necessary.

**Lidocaine Pad 5%:** Upheld

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

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

**Decision rationale:** The CA MTUS recommends topical analgesics as an option with certain guidelines. They are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The CA MTUS guidelines indicate that Lidoderm is the only approved formulation of Lidocaine, and that no other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. While the request on the application states "Lidocaine pad 5%," the records indicate per her medication list that she utilizes Lidoderm 5% adhesive patches. However, the records do not indicate a trial and/or failure of antidepressants or anticonvulsants in relation to this work related injury. Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Based on these findings it is determined that the request for Lidocaine pad 5% does not meet the CA MTUS guideline criteria for Lidoderm. Therefore, the request for Lidocaine pad 5% is not medically necessary.