

Case Number:	CM15-0037963		
Date Assigned:	03/06/2015	Date of Injury:	09/06/2010
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 25-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 6, 2010. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve a request for Lyrica and topical Lidoderm patches. The claims administrator invoked non-MTUS ODG Guidelines to deny the request for Lidoderm patches, incorrectly stating that the MTUS did not address the topic. The claims administrator referenced a February 6, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On August 18, 2014, the applicant reported ongoing complaints of neck pain, muscle spasms, and migraine headaches. The applicant also had ancillary issues of anxiety. Botox injections were proposed. On February 2, 2015, the applicant reported 3/10 mid back, low back, and neck pain complaints. The applicant had ongoing neuropathic complaints, the attending provider noted. The applicant stated that Lyrica was attenuating the neuropathic pain complaints by 75%. The applicant stated that her pain was appropriately reduced to 3/10 with her medications. The applicant was working two jobs, it was stated. The applicant apparently exhibited a stable mood. The applicant was given diagnosis of chronic neck pain, chronic thoracic pain, and occipital neuralgia. Both Lyrica and Lidoderm patches were endorsed. The attending provider reiterated that ongoing medication consumption was ameliorating the applicant's ability to walk, stretch, and perform her job.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%, 1 patch every 12 hours-on, 12 hours-off #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26 Special Topics Page(s): 19 of 127. Decision based on Non-MTUS Citation ODG, Pain Chapter Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: No, the request for Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicant's in whom there has been a trial of first-line therapeutic antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Lyrica, a first-line oral anticonvulsant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.

Lyrica 75mg 1 tablet 3 times a day #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 19 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms; Pregabalin (Lyrica) Page(s): 112; 99.

Decision rationale: Conversely, the request for Lyrica (pregabalin), an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is effective in the treatment of diabetic neuropathy and post hepatic neuralgia and, by analogy, is indicated in the treatment of neuropathic and/or radicular pain, as was present here on or around the date in question. The applicant reported ongoing issues with occipital neuralgia and/or cervical radiculitis on or around the February 2015 office visit at issue. Neuropathic pain, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by numbing, lancinating, burning, and/or shock like sensations, several of which were reported here. The attending provider had contended that the applicant had responded favorably to ongoing use of Lyrica as evinced by her successful return to and/or maintenance of full-time, regular duty work status. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.