

<b>Case Number:</b>	CM15-0047080		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	11/13/1998
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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

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 36 year old male, who sustained an industrial injury on November 13, 1998. He reported low back pain, right buttock pain and right lower extremity pain. The injured worker was diagnosed as having previous lumbar 4 through sacral 1 fusion with subsequent revision fusion, advanced lumbar degeneration, mild lumbar disc degenerations, chronic lumbar radiculopathy, chronic pain syndrome and chronic opioid dependence. Treatment to date has included radiographic imaging, diagnostic studies, multiple surgical interventions of the spine, conservative treatments, pain medications and work restrictions. Currently, the injured worker complains of persistent low back pain. The injured worker reported an industrial injury in 1998, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 13, 2014, revealed continued pain. He was noted to have persistent insomnia, major depression and pain disorder secondary to chronic pain. Evaluation on December 17, 2014, revealed continued pain. Medications were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150mg #120 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

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

**Decision rationale:** The patient was injured on 11/13/1998 and presents with low back pain which radiates into the right leg and occasional left leg. The request is for Lyrica 150 mg #120 with 7 refills. The utilization review denial letter does not provide a rationale. The RFA is dated 01/26/2015, and the patient is permanent and stationary. The patient has been taking Lyrica as early as 08/27/2014. MTUS Guidelines, pages 19-20, have the following regarding Lyrica: Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA-approval for both indications, and is considered first-line treatment for both. It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation." The 09/03/2014 report states, "Patient notes improved overall pain since starting the Lyrica." The 01/26/2015 states, "Patient notes improved overall pain since starting the Lyrica." The treater provides general statements regarding how Lyrica has been helping the patient's pain and function. He is diagnosed with degenerative lumbar disk disease, post-laminectomy syndrome, lumbar radiculitis, and chronic pain syndrome. The patient does present with post-laminectomy syndrome, a neuropathic condition for which Lyrica is supported per MTUS. Given the patient's functional status, it would appear reasonable to continue this medication. The requested Lyrica is medically necessary.

**Flector patch #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Flector patch (diclofenac epolamine).

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

**Decision rationale:** The patient was injured on 11/13/1998 and presents with low back pain which radiates into the right leg and occasional left leg. The request is for Flector patch #60 with 1 refill. The RFA is dated 01/26/2015, and the patient is permanent and stationary. Regarding topical NSAIDs, MTUS on topical analgesics, pages 111-113, state, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The 02/26/2015 report states, "Flector patches helped decrease his inflammation in the lower lumbar spine." He has lumbar spine pain, for which Flector patches are not indicated for. MTUS Guidelines state that there is "little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." Due to lack of support from the MTUS Guidelines, the requested Flector patch is not medically necessary.

