

<b>Case Number:</b>	CM15-0069570		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	09/08/2000
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Emergency 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 56 year old male, who sustained an industrial injury on 9/8/2000. He reported an injury from lifting. The injured worker was diagnosed as having lumbar disc disorder. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, TENS (transcutaneous electrical nerve stimulation), epidural steroid injection, chiropractic care and medication management. In a progress note dated 2/6/2015, the injured worker complains of back pain and left leg pain. The treating physician is requesting Lyrica 50mg and 75 mg, Lidoderm patches and Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50 MG Take 1 Tab By Mouth in The Morning and in The Afternoon #60 with 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

**Decision rationale:** The requested Lyrica 50 MG Take 1 Tab by Mouth in The Morning and in The Afternoon #60 with 2 Refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of "neuropathy and postherpetic neuralgia. The injured worker has back pain and left leg pain. The treating physician has not documented derived functional benefit from its previous use. The criteria noted above not having been met, Lyrica 50 MG Take 1 Tab by Mouth in The Morning and in The Afternoon #60 with 2 Refills is not medically necessary.

**Lyrica 75 MG Take 1 Tab By Mouth At Bedtime #30 with 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

**Decision rationale:** The requested Lyrica 75 MG Take 1 Tab by Mouth at Bedtime #30 with 2 Refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of "neuropathy and postherpetic neuralgia. The injured worker has back pain and left leg pain. The treating physician has not documented derived functional benefit from its previous use. The criteria noted above not having been met, Lyrica 75 MG Take 1 Tab by Mouth at Bedtime #30 with 2 Refills is not medically necessary.

**Lidoderm 5 Percent Patch (700 MG/Patch) Apply to Effected Area 12 Hours on and 12 Hours off #60 with 2 Refills:** Upheld

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

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

**Decision rationale:** The requested Lidoderm 5 Percent Patch (700 MG/Patch) Apply to Effected Area 12 Hours on and 12 Hours off #60 with 2 Refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral 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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has back pain and left leg pain. The treating physician has not documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm 5 Percent Patch (700 MG/Patch) Apply to Effected Area 12 Hours on and 12 Hours off #60 with 2 Refills is not medically necessary.

**Motrin 600 MG Take 1 Tab By Mouth BID As Needed Take with Food or Milk 6 Tabs/Month with 2 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Motrin 600 MG Take 1 Tab by Mouth BID As Needed Take with Food or Milk 6 Tabs/Month with 2 Refills, is not medically necessary. California's Division of Workers' Compensation 'Medical Treatment Utilization Schedule' (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has back pain and left leg pain. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Motrin 600 MG Take 1 Tab by Mouth BID As Needed Take with Food or Milk 6 Tabs/Month with 2 Refills is not medically necessary.