

Case Number:	CM14-0137914		
Date Assigned:	09/05/2014	Date of Injury:	08/10/2011
Decision Date:	11/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old woman with a date of injury of 8/10/11. He was seen by his physician on 8/7/14 to follow up neurogenic bowel and bladder and neuralgia. Her medications included Lidoderm patch and Lyrica. She noted that after taking Lyrica, she had a tightness in her chest and a pinching sensation with a deep breath. She had no pain or pressure with exertion. Her physical exam showed clear lungs and normal cardiac exam. Her motor strength was normal as was gait, sensation and reflexes. She had pain to the coccyx. At issue in this review is the prescription of Lyrica and Lidoderm. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 % Patch # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): page(s) 56-57 and 112.

Decision rationale: 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). This is not a first-line treatment and is only FDA approved

for post-herpetic neuralgia. There is no discussion of efficacy or side effects to justify ongoing use. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker.

Lyrica 100mg po bid #60: Upheld

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

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

Decision rationale: Pregabalin or Lyrica 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. The discussion of side effects documented that she after taking Lyrica, she had a tightness in her chest and a pinching sensation with a deep breath. Given this possible side effect and no documentation of efficacy, the medical necessity of Lyrica is not substantiated in the records.