

<b>Case Number:</b>	CM14-0140411		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Occupational Medicine and is licensed to practice California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, neck pain, leg pain, and depression reportedly associated with an industrial injury of April 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; opioid therapy; and topical agents. In a Utilization Review Report dated August 21, 2014, the claims administrator conditionally approved a psychological consultation, partially approved a request for Lyrica, approved a request for Norco, and denied a request for Voltaren gel. The applicant's attorney subsequently appealed. In a progress note dated February 20, 2014, the applicant reported persistent complaints of bilateral upper extremity pain, headaches, neck pain, and paresthesias. The applicant also reported issues with depression, tearfulness, and insomnia. Pain at the 9/10 level was reported. The applicant was currently using Neurontin, Norco, and over-the-counter Diclofenac, it was stated, and the applicant was placed off work, on total temporary disability. The attending provider suggested that the applicant try converting from Gabapentin to Lyrica. Norco and Voltaren gel were both refilled. In a December 10, 2013 progress note, the applicant was again placed off work, on total temporary disability, owing to ongoing issues with chronic neck pain, anxiety, and depression. The applicant was using Neurontin, Voltaren gel, and Norco; it was suggested now. On July 23, 2014, the attending provider suggested that the applicant continued to report ongoing complaints of neck pain radiating into the bilateral upper extremities with paresthesias and tremors appreciated about the same. The applicant was having on and off issues with leg pain. The applicant had become quite depressed and was having difficulty cooking for her family. It was again stated that the applicant would continue Lyrica to replace Neurontin. Norco and Voltaren gel were again endorsed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

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

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin or Lyrica is a first-line treatment for neuropathic pain, as is present here. However, unlike the applicant's other medications, Lyrica or Pregabalin are a relatively recent introduction. The applicant was recently converted/is in the process of converting from gabapentin to Lyrica. The applicant, thus, does not appear to have employed Lyrica for a sufficient period to gauge the presence or absence of functional improvement with the same. Lyrica is indicated in the treatment of the applicant's neuropathic pain as evinced by reports of upper extremity paresthesias. Therefore, the request is medically necessary.

**Voltaren Cream 100g #4 tubes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac section Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/Diclofenac has "not been evaluated" for issues involving the spine. In this case, the applicant's primary pain generator is, in fact, the cervical spine, a body part for which Voltaren cream/Voltaren gel has not been evaluated. The attending provider did not offer any compelling applicant-specific rationale or commentary, which would offset the topic-to-unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.