

<b>Case Number:</b>	CM13-0016286		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	07/09/2002
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 70-year-old female who reported injury on 07/09/2002. The clinical documentation submitted to support the request was dated 07/12/2013 and the current medications were listed to be Neurontin 800 mg 4 times a day, Lidoderm patch, Norco 10/325 mg 1 every 6 hours as needed for pain, Soma 4 times a day as needed for muscle spasms, and Prilosec 20 mg per day. The patient's pain on that date was noted to be 6/10 and the patient indicated that physical over exertion exacerbated the back spasms. The patient was noted to have a spinal cord stimulator. The diagnoses were noted to include chronic low back pain, history of 3 lumbar spine surgeries including fusion surgery, chronic thoracic back pain, and history of a spinal cord stimulator implant. The recommendations and treatment plan were a portable/foldable rolling walker with a seat, continuous use of the spinal cord stimulator, Prilosec 20 mg daily #30, Soma 350 mg 1 four times a day as needed for muscle spasms #120 with no refill, Neurontin 800 mg 4 times a day, lidocaine patch, Norco 10/325 mg 1 every 6 hours #120, and follow-up in the office in 1 month for medication renewal as well as a random drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Prilosec 20mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** California MTUS recommends PPI's (Proton Pump Inhibitors ) for the treatment of dyspepsia secondary to NSAID (Non-Steroidal Anti Inflammatory Drugs) therapy. The clinical documentation submitted for review failed to provide documentation of the efficacy of the requested medication. Given the above, the request for Prilosec 20 mg #30 is not medically necessary and appropriate.

**Decision for Soma 350mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** California MTUS Guidelines indicate that muscle relaxants are prescribed as a second line option for short-term use in acute exacerbations of low back pain for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been on the medication as of the earliest date provided for review 12/05/2012. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Soma 350 mg #120 is not medically necessary and appropriate.

**Decision for Neurontin 800mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 16.

**Decision rationale:** California MTUS Guidelines recommend antiepileptic drugs as a first line medication for treatment of neuropathic pain and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation that the patient had neuropathic pain. There was a lack of documentation indicating objective functional improvement. Given the above, the request for Neurontin 800 mg #120 is not medically necessary and appropriate .

**Decision for Lidocaine patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

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

**Decision rationale:** California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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 (Anti-Epileptic Drugs ) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the patient had a trial and failure of a first line therapy as this request was concurrently reviewed for gabapentin. There was a lack of documentation indicating the patient had signs and symptoms of neuropathic pain. The request as submitted failed to indicate a quantity of lidocaine patch and strength of a lidocaine patch being requested. Given the above, the request for lidocaine patch is not medically necessary and appropriate .