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| <b>Case Number:</b>   | CM13-0024442 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 07/10/2006 |
| <b>Decision Date:</b> | 07/31/2014   | <b>UR Denial Date:</b>       | 08/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/13/2013 |

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 50 year old female who was injured on 7/10/06. She was later diagnosed with degenerative lumbar disc, lumbar sprain/strain, and chronic pain syndrome. She was treated with oral and topical analgesics, steroid injections, Vistaril, Cymbalta, and Neurontin. On 8/9/13 the worker was seen by her treating physician complaining of low back pain (5/10 on pain scale) with radiation (numbness and tingling) down both legs while taking Vistaril, Cymbalta, and Neurontin which she reported also collectively help her to be more active and to sleep without side effects. The last epidural was reportedly helping her significantly with her function and pain, which she reported that day as well. On examination, she had a positive straight leg raise test, decreased low back range of motion, decreased sensation of the L5 dermatome, and decreased strength (slight) with plantar and dorsiflexion. She was recommended to stop her Neurontin for one month in order to monitor effectiveness, yet requested refills for Neurontin, Lidoderm, Cymbalta, and Vistaril. She also was recommended she continue home exercises and to get another lumbar epidural.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 300MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, the documentation is not clear as to when she was taking the medication in order to accurately assess from the reviewer's point of view whether it was significantly helping the worker. However, it appears based on the documentation, that the worker's physician requested that the Neurontin be held, and so the request for continuation of this medication seems to contradict this documented decision. Therefore, the Neurontin is not medically necessary.

**LIDODERM PATCH 5% #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56-57; 112.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, she had been using anti-epileptic and antidepressant medications during previous requests for Lidocaine patches. Based on the documentation available for review, it appears that the worker warrants a trial of Lidocaine patches, and may be continued as long as careful and objective documentation to show functional and pain-lowering benefits. This is contrary to the previous reviewer's assessment, who thought that there was not evidence found in the documentation to suggest need for this type of medication. The worker has subjective and objective evidence (physical examination) of neuropathic pain, and a trial of Lidoderm patch 5% #30 is medically appropriate and necessary in this case, particularly if she did not get significant benefit from Neurontin.

**CYMBALTA 30MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain , Cymbalta Page(s): 13-16, 43.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. Duloxetine, a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI), specifically is recommended by the MTUS as a first-line treatment option for neuropathic pain. It is not to be used by those with hepatic insufficiency or substantial alcohol use. It may be used for the treatment of depression, anxiety, fibromyalgia, and neuropathic pain. In the case of this worker, it is not completely clear as to why this medication was chosen as there is no history of depression or anxiety listed in the documentation available for review. If it was prescribed to the worker entirely for the purpose of treating her neuropathic pain, then it seems warranted. However, there needs to be evidence of functional and pain-lowering benefits from this medication specifically in order to justify continuation, which was not found in the notes available for review. Without this documentation, the Cymbalta is not medically necessary.

**VISTARIL 25MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape: hydroxyzine (Vistaril) (<http://reference.medscape.com/drug/atarax-vistaril-hydroxyzine-343395>).

**Decision rationale:** The MTUS Guidelines do not address Vistaril (hydroxyzine) specifically. Vistaril is a first generation antihistamine used primarily for pruritis, but also may be used for anxiety, sedation, and nausea, and is to be used with caution in patients with narrow-angle glaucoma, prostatic hyperplasia, or respiratory disease. In the case of this worker, it is not clear as to the purpose of this particular medication, as she does not have a documented history of anxiety or pruritis. If it is intended to be used to sedate her, this was not clear. Without further documented explanation in order to justify use of Vistaril, it is not medically necessary.