MAXIMUS Federal Services

Case Number:	CM13-0034270		
Date Assigned:	12/06/2013	Date of Injury:	03/13/2009
Decision Date:	01/17/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/14/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in 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 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:

56 year old male with injury from 3/13/09. Per [redacted], diagnoses are chronic pain syndrome and cervical disc disorder. The patient suffers from chronic neck pain at 8/10, has psychiatric issues. Medications include Gralise, relafen and Lidoderm patch. Reports from 2/4/13 to 9/16/13 are reviewed. The treater reports oswestry scores that range from 68 to 76%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Gralise 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: The patient's diagnoses include chronic pain syndrome and cervical disc disorder without myelopathy. The patient's subjective pains include chronic neck pain with radiation of symptoms into both arms with numbness. Nerve Conduction Velocity (NCV) studies from 9/26/12 appears to be negative for CTS or peripheral neuropathy. MRI from 9/19/09 C-spine is described as degeneration C5-6 with moderate to severe cana stenosis and

bilateral foraminal stenosis. Recommendation is for authorization of the request. The patient has signficant radicular symptoms. MRI showed moderate to severe spinal stenosis. MTUS supports use of Neurotin (Gralise is a long-acting Neurontin) for neuropathic pain, and specifically spinal stenosis. This patient has arm symptoms with numbness/pain and MRI showed stenosis.

Prospective request for 1 prescription of Lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

Decision rationale: This patient suffers from chronic pain and has symptoms in the neck and arms. MRI showed moderate to severe spinal stenosis of the C-spine. The treater has been prescribing Lidoderm patch 5% for a number of months. I reviewed reports from 2/4/13 to 9/16/13. None of the reports indicate what this patch is being used for. It does not describe whether it is used for neck pain or other symptoms. Lidoderm patch is indicated for nueropathic pain after other medications fail. In this case, the treater does not discuss what medications have failed to work for the patient's numbness and pain in the arms, presumed location of the patient's neuropathic pain. The treater does not discuss what is effective and what is not in terms of Lidoderm patches or Gralise, as well as other medications the patient is taking. MTUS allows for the use of lidoderm for localized peripheral nerve pain. In this case, the patient presents with diffuse upper extremity, generalized neuropathic pain. The patient's NCV studies were negative for cartal tunnel syndrome as well. Recommendation is for denial.