

<b>Case Number:</b>	CM13-0034903		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/12/2006
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 54-year-old male who reported an injury on 01/12/2006. His injury was noted to have occurred when he was pinned between 2 pallet lift gates. His diagnoses include postlaminectomy syndrome of the lumbar region, muscle spasm, lumbago, depressive disorder, dyspepsia and other disorders of the stomach, myalgia and myositis, and sleep disturbance. His medications are noted to include lidocaine 5% ointment apply 3 times a day as directed, Robaxin 750 mg twice a day as needed, Protonix 40 mg at bedtime, Gabapentin 600 mg 2 tabs at bedtime, oxycodone 30 mg 1 to 2 three times a day as needed, and etodolac 40 mg 1 twice a day as needed. It was noted that the patient had tried and failed many adjunctive pain medications, but reports that his medications currently produce some pain relief and allow him to achieve a higher degree of daily function. The patient confirms that he utilizes lowest dosage of his pain medications. The patient denied any adverse effects from the use of his medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% ointment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental with limited evidence to determine efficacy and safety. It further specifies that topical lidocaine is indicated for neuropathic pain, specifically localized peripheral pain after there has been evidence of a trial of a first line therapy such as an antidepressant or an anti-epilepsy drug. It further notes that topical lidocaine in the form of a dermal patch is the only FDA approved topical formulation of lidocaine, only FDA approved products are currently recommended, and the use of topical lidocaine is not recommended for non-neuropathic pain. As the guidelines state that topical lidocaine creams are not FDA approved and, therefore, not recommended, the request is not supported.

**Robaxin 750mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state that non-sedating muscle relaxants may be used with caution as a second line option for short term management of acute exacerbations in patients with chronic low back pain. It further states that the efficacy of muscle relaxants appears to diminish over time and prolonged use of some of these medications may lead to dependence. It also states that the drugs with the most limited published evidence of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene, and Baclofen. As the guidelines state that muscle relaxants are not recommended for long term use and there is limited evidence of the efficacy of methocarbamol, the request is not supported.

**Protonix 40mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs & GI symptoms Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state that, for patients taking NSAID medications and have risk factors for gastrointestinal events or cardiovascular disease, a proton pump inhibitor may be indicated. The patient is noted to be at risk for gastrointestinal events if they are over age 65, have a history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, or an anticoagulant, or on high doses of NSAID medications. The patient's medication list includes etodolac 40 mg twice a day as needed. However, the clinical information submitted for review fails to show how often the patient requires this medication and whether he is at risk for gastrointestinal events or has a history of cardiovascular disease. In the

absence of detailed documentation regarding these issues, the request for a proton pump inhibitor is not supported.

**Gabapentin 600mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drug Page(s): 16-17.

**Decision rationale:** The California MTUS Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. The guidelines also state that specific documentation should address whether the patient has at least a 30% reduction in pain. If they have less than a 30% reduction in pain, the recommendation is to switch to a different first line agent or consider combination therapy. It is also stated that, after initiation of treatment with an anti-epilepsy drug, there should be documentation of pain relief and improvement in function, as well as documentation of side effects. The patient's most recent office note states that he denied side effects to any of his medications. However, detailed documentation regarding the patient's level of pain relief and functional improvement on this medication was not provided for review. In the absence of clear neuropathic pain, at least a 30% reduction in pain on this medication, and proof of increased function, the request is not supported.