

Case Number:	CM13-0046387		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2009
Decision Date:	08/19/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation 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 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 injured worker is a 61-year-old male who reported an injury on 05/14/2009 due to an unspecified mechanism of injury. On 12/03/2013, the injured worker reported back pain rated at 5/10. A physical examination revealed abnormal motion to the lumbar spine with decreased range of motion with flexion, and tenderness to palpation over the bilateral lumbar paraspinous musculature. His diagnoses included post laminectomy syndrome of the lumbar region. He reportedly underwent a fusion to the L5-S1 levels on 01/03/2012. His medications included Neurontin 400 mg and Percocet 10 mg-650 mg. Other therapies included surgery and medications. The treatment plan was for lidocaine pad 5% #30, gabapentin 400 mg #90, and pantoprazole 40 mg #30. The request for authorization form was not provided, and the rationale for treatment was not provided either.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE PAD 5%, # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, lidocaine Page(s): 111-112.

Decision rationale: The request for lidocaine pad 5% #30 is not medically necessary. The most recent clinical documentation provided was dated 12/03/2013, which stated that the injured worker reported low back pain rated at 5/10. The medications included Neurontin and Percocet. The California MTUS Guidelines state that topical analgesics are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They are largely experimental in use with few randomized control trials to determine efficacy or safety. Lidocaine is not recommended for non-neuropathic pain. It is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Based on the clinical information provided for review, the injured worker is not suffering from neuropathic pain. In addition, the most recent clinical information provided was dated 12/03/2013. It is unknown if the injured worker had been using lidocaine pads for an extended period of time or if an initial trial was being requested. Furthermore, the frequency of the medication was not provided within the request. The request is not supported by the guideline recommendations, as there are no documented symptoms of neuropathic pain and the length of treatment with this medication is unknown. Given the above, the request is not medically necessary.

GABAPENTIN 400MG, # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Antiepilepsy drugs Page(s): 18, 49.

Decision rationale: The request for gabapentin 400 mg #90 is not medically necessary. The injured worker reported a 5/10 low back pain. The medications included Neurontin and Percocet. The diagnosis was listed as post laminectomy syndrome of the lumbar region. The California MTUS Guidelines state that gabapentin is recommended for neuropathic pain. It has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered a first-line treatment for neuropathic pain. Based on the clinical information provided, the injured worker was not suffering from neuropathic pain. The most recent documentation provided was dated 12/03/2013, and therefore it is unclear if the injured worker has been taking this medication for an extended period of time or if this is an initial trial with this medication. Without knowledge of documented efficacy of the medication with prior use, if any, the medication use cannot be supported. The request is not supported by the guideline recommendations as it is unclear how long the injured worker had been taking this medication and there was no documentation stating that the injured worker has diabetic painful neuropathy, neuralgia, or neuropathic pain of any source. As such, the request is not medically necessary.

PANTOPRAZOLE 40 MG, # 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 & Cardiovascular risks Page(s): 68.

Decision rationale: The request for pantoprazole 40 mg #30 is not medically necessary. The injured worker was reportedly taking Neurontin and Percocet and had a diagnosis of post laminectomy syndrome of the lumbar region. On 12/03/2013, he reported low back pain rated at 5/10. The California MTUS Guidelines state that proton pump inhibitors should be used if the injured worker is at risk for gastrointestinal events. Those at risk include age 65 years and older, a history of peptic ulcer, GI bleed or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAIDs. There is no documentation stating that the injured worker was being treated with NSAID therapy or that they were at risk for gastrointestinal events. In addition, the most recent PR-2 report provided was dated 12/03/2013. Therefore, it is unknown how long the injured worker has been utilizing this medication or its efficacy. In addition, the frequency of the medication was not provided within the request. The request is not supported by the guideline recommendations as there is no clear indication for this medication and it is unknown how long the injured worker has been utilizing this medication. Therefore, the request is not medically necessary.