

<b>Case Number:</b>	CM13-0049229		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/16/2010
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Practice 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 patient is a 43-year-old male who reported an injury on 03/16/2010. The mechanism of injury was not stated. The patient is diagnosed with diabetes mellitus type 2, chronic lumbar pain, chronic left leg radicular symptoms, chronic left inguinal pain, constipation, chronic left lower extremity dysesthesia, and polycystic kidney disease (nonindustrial). The patient was seen by [REDACTED] on 09/05/2013. The patient reported persistent lower back pain, left leg numbness, and pain in the left inguinal area. The patient also reported weakness and giving out of his left lower extremity. Physical examination on that date revealed an antalgic gait, right inguinal tenderness and swelling, paralumbar tenderness from L2-S1, sacroiliac tenderness, limited lumbar range of motion, and lumbar spasm. Treatment recommendations at that time included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BACLOFEN 10MG #120 3 REFILLS:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, the patient has utilized Baclofen 10 mg since at least 10/2012. Despite ongoing use of this medication, the patient continues to report persistent symptoms. The patient's physical examination continues to reveal palpable muscle spasm. Satisfactory response to treatment has not been indicated. Guidelines do not recommend long term use of this medication. Therefore, the current request cannot be determined as medically appropriate. As such, the request is Baclofen 10mg #120 with 3 refills is not medically necessary and appropriate.

**GABAPENTIN 600MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Antiepilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

**Decision rationale:** California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. As per the documentation submitted, the patient has utilized gabapentin 600 mg since at least 10/2012. Despite ongoing use of this medication, the patient continues to report persistent pain, numbness and weakness. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

**ATARAX 25MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/hydroxyzine-tablets.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Anxiety medications in chronic pain and Other Medical Treatment Guideline or Medical Evidence, [www.nlm.nih.gov](http://www.nlm.nih.gov). U.S. National Library of Medicine, U.S. Department of Health and Human Services National Ins

**Decision rationale:** Official Disability Guidelines state hydroxyzine, in the dose of 50 mg per day, may be useful in treating anxiety disorder and chronic pain. Hydroxyzine is also used to relieve the itching caused by allergies, to control nausea and vomiting, and also to treat symptoms of alcohol withdrawal. As per the documentation submitted, the patient has utilized Atarax 25 mg since at least 10/2012. However, the medical rationale for the requested medication was not provided. The patient does not maintain a diagnosis of anxiety disorder. As the medical necessity has not been established, the current request cannot be determined as

medically appropriate. Therefore, the request for Atarax 25mg is not medically necessary and appropriate.

**LIDODERM PAIN PATCH 1-3 PER DAY:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a first line trial of antidepressants or anticonvulsants. As per the documentation submitted, the patient has utilized Lidoderm pain patches, 1 to 3 per day, since at least 10/2012. Despite ongoing use, the patient continues to report persistent pain, weakness and numbness. Satisfactory response to treatment has not been indicated. There is also no evidence of a failure of first line treatment. Based on the clinical information received, the request for Lidoderm pain patch 1-3 per day is not medically necessary and appropriate.