

Case Number:	CM13-0057708		
Date Assigned:	12/30/2013	Date of Injury:	03/28/2012
Decision Date:	05/21/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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 48-year-old who reported an injury on March 28, 2012 and the mechanism of injured was not provided in the medical records. The diagnosis is degeneration of lumbar or lumbosacral intervertebral disc. The clinical note from October 10, 2013 indicated the injured worker continued to have lower back pain and left leg pain. The buttock cheek on the left side continued to be problematic. The physician assessment indicated that the injured worker has persistent axial lower back pain despite six sessions of physical therapy, five sessions of water therapy, and significant lumbar deconditioning. An unofficial x-ray from June 25, 2013 indicated there was no evidence of instability. The physician indicated an unofficial MRI dated September 19, 2013 which revealed there was spondylitis at the L3-4 level. This is the only level that seems to be causing the most amount of stenosis. The physician noted that he was not really sure exactly where the patient's symptoms are coming from. The current included Neurontin 300mg two times daily and Lidoderm patches twice daily. The current request is for Lidoderm patch and Neurontin 300mg 2x a day on October 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56,57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Section Page(s): 56-57.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [Serotonin Norepinephrine Reuptake Inhibitor] anti-depressants or an AED [Anti-Epileptic Drugs] such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical information provided failed to indicate if the injured worker had failed first line treatment with tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica. Additionally, the clinical documentation provided does not describe neuropathic pain to warrant the request and the amount of the medication to be dispensed is not specified with the request. The request for Lidoderm patch is not medically necessary or appropriate.

NEURONTIN 300MG, TWICE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18,19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Section Page(s): 16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that gabapentin is 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. The clinical documentation provided does not describe neuropathic pain to warrant the request and the amount of the medication to be dispensed is not specified with the request. The request for Neurontin 300 mg, twice daily, is not medically necessary or appropriate.