

<b>Case Number:</b>	CM13-0063135		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	07/19/1996
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 was injured on 7/19/1996. There are positive subjective and objective findings of lumbar radiculopathy. A lumbar laminectomy was done on 2004. ██████████ noted that the patient had previously completed physical therapy, home exercise program, trigger points injections and epidural steroid injections. There are associated diagnoses of depression, insomnia and stress. With the use of TENS and the requested medications, the patient was able to walk for 20 minutes, provide care for his sick wife and do household chores such as cooking, cleaning and laundry. The Gabapentin 600mg tid #90 is used for treatment of neuropathic pain, the Naproxen 550mg bid #60 and Vicodin ES #120 for pain and the LidoPro cream for pain. The patient has been on these medications for more than one year. A Utilization Review decision was rendered on 11/21/2013 recommending non-certification of Gabapentin 600mg #90, naproxen 550mg #60, LidoPro cream and modified certification of Vicodin ES #120 to #30 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 600MG #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** The CA MTUS addressed the use of anti-epileptics in the treatment of chronic pain. Gabapentin is indicated as a first line medication in the treatment of neuropathic pain. [REDACTED] noted that the patient has reported radicular low back pain with associated numbness and tingling in both lower extremities. Although an EMG/NCS done in 2006 were reported as normal, the symptoms have since progress. Requests for new EMG/NCS and MRI that would have confirmed radiculopathy had been denied. The patient has reported significant improvement in functions such as walking for 20 minutes, doing household chores and taking care of a sick wife with the use of current analgesics.

**NAPROXEN 550MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The CA MTUS addressed the use of NSAIDs in the treatment of chronic pain. Long term use of NSAIDs is associated with significant cardiovascular, renal and gastrointestinal side effects and complications. It is recommended that NSAIDs such as Naproxen be used at the lowest possible dose for the shortest periods of time during acute exacerbations or flares up of musculoskeletal pain. The records from [REDACTED] showed that the patient has been on many NSAIDs for years.

**VICODIN ES #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** The CA MTUS addressed the use of opioids for the treatment of chronic pain. Opioids are not indicated for routine treatment of chronic musculoskeletal pain. The first line treatment consists of NSAIDs and physical therapy or exercise programs. Opioids medications can be used at the lowest effective dose for the shortest period during acute exacerbation and flare up. There should be documentation of compliant monitoring including UDS, functional restoration and absence of aberrant behaviors. The records from [REDACTED] did not meet these criteria.

**LIDOPRO CREAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS addressed the use of topical analgesics in the treatment of chronic pain. LidoPro cream is a topical preparation that contains 4.5% lidocaine, 0.0325% capsaicin, 27.5% salicylate and 10% menthol. The recommendation is that topical medication be formulated in single medication preparations for effective monitoring and evaluation of efficacy. LidoPro contains some recommended and non-recommended components. There is no medical indication for the use of menthol. The MTUS determined that any topical analgesic compound product that contains at least one drug or drug class that is not recommended does not meet the medical necessity criteria.