

Case Number:	CM13-0065959		
Date Assigned:	01/03/2014	Date of Injury:	08/06/2010
Decision Date:	04/17/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 Anesthesiology and Pain Management 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 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:

This is a 68-year-old female patient with the date of injury 08/06/2010. The mechanism of injury was not provided. The patient has a history of right shoulder, right wrist and right knee pain. The patient reports medications prescribed are working. The Norco is helpful with pain and sleep. Confirmatory urine drug screen result has been consistent. The patient has undergone 6 sessions of physical therapy for right shoulder and the recommendation was for continuation of the Lidoderm patches as well as the Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #30, with 3 refills, apply for twelve (12) hours per day, as needed:
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): 112.

Decision rationale: The Chronic Pain Guidelines indicate that topical lidocaine, in the formulation of a dermal patch (Lidoderm[®]) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other

commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request for Lidoderm 5% patches #30, with three (3) refills is non-certified. The patient has a history of right shoulder, wrist and right knee pain and reportedly is compliant with medications, and reports that the medications are effective. The documentation submitted for review did not provide evidence of neuropathic pain to support the utilization of this medication. Also, the request includes three (3) refills, which would not be supported as this would not allow for re-assessment of the patient to determine efficacy and continued use. As such, the request is non-certified.

Norco 10/325mg #60, one-half (1/2) one (1) tablet twice a day,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,78.

Decision rationale: The Chronic Pain Guidelines indicate that short-acting opioids, also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents, due to their adverse effects. The duration of action is generally three to four (3-4) hours. The request for Norco 10/325 mg #60 is non-certified. In office visit note dated 11/27/2013, the patient reported the Norco as being helpful and was using it sparingly. The Guidelines state that Norco is effective as a short acting opioid for controlling chronic pain. The Guidelines also indicate that there should be ongoing monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors; however, this information was not provided to support continuation. As such, the request is non-certified.

Neurontin 100mg #60, one to two (1-2) at bedtime: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin®) Page(s): 49.

Decision rationale: The Chronic Pain Guidelines indicate that Gabapentin is an anti-epilepsy drug, which has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The request for Neurontin 100 mg #60 is non-certified. The date of injury was 08/06/2010, but the office visit note dated 11/27/2013, reported that the patient having had an electromyography/nerve conduction study (EMG/NCS) on 09/28/2009, which revealed no evidence of right cervical radiculopathy or evidence of sensory peripheral neuropathy likely related to diabetes. The Guidelines state that gabapentin is effective for the treatment of diabetic

painful neuropathy and post-therapeutic neuralgia. Given that there was no clinical information to suggest that the patient is diabetic, nor does she have neuropathy, which was corroborated by EMG/NCV, the request is non-certified.