

<b>Case Number:</b>	CM13-0066698		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/24/2005
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Orthopedic Surgery has a subspecialty in Spine Fellowship 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 has submitted a claim for low back pain with an industrial injury date of January 24, 2005. Medical records from 2013 were reviewed, which showed that the patient complained of constant achy, burning, dull low back pain, rated 7/10, radiating to the left leg, made worse by almost all movements, and reduced by medication. He also reported sleep difficulties due to pain. He was independent with ADLs. On physical examination, the patient had normal gait. There was tenderness of the lumbar paraspinals on the right. There was mild tenderness of the left SI joint and moderate tenderness of the left lumbar paraspinals. Motor strength was 0/5 on bilateral hip abduction and adduction. Patellar DTR was reduced on the right and absent on the left. Achilles DTR was also reduced bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR 2 PSYCHIATRIC EVALUATIONS FOR SPINAL CORD STIMULATOR TRIAL PLACEMENT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 101-107.

**Decision rationale:** According to pages 101 & 107 of the Chronic Pain Medical Treatment Guidelines, criteria for a psychological evaluation for spinal cord stimulation (SCS) include neuropathic pain. In this case, a previous request for a spinal cord stimulation trial was approved and a psychological evaluation is recommended prior to the trial. Although a psychological evaluation is appropriate, there is no discussion regarding the need for 2 evaluations. There is no guideline support for 2 psychiatric evaluations prior to SCS trial; therefore, the request for 2 psychiatric evaluations for spinal cord stimulator trial placement is not medically necessary.

**PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF LIDODERM 5% PATCH, #30 WITH 2 REFILLS:** Upheld

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

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

**Decision rationale:** According to pages 56-57 of the Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy; however, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there was no documentation indicating findings of post-herpetic neuralgia. In addition, records show that pain is being reduced by the patient's current medications. There is no clear indication with the use of this medication; therefore, the request for 1 prescription of Lidoderm 5% Patch, #30 with 2 refills is not medically necessary and appropriate.

**PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF GABAPENTIN 600MG, #90 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (Aeds)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 16-17.

**Decision rationale:** According to pages 16-17 of the Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for the treatment of diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, there are few RCTs directed at central pain and none for painful radiculopathy. In this case, the symptoms of the patient are mostly radicular in nature. Furthermore, there is no evidence of the patient having diabetic neuropathy and postherpetic neuralgia. There is no clear indication with the continued use of this drug. Therefore, the request for 1 prescription of gabapentin 600mg, #90 with 2 refills is not medically necessary.

**PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF FLEXERIL 5MG, #45 WITH 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Page(s): 41-42.

**Decision rationale:** As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option as a short course therapy for management of back pain. In this case, the patient has been on Flexeril since November 2012 (18 months to date), which exceeds the guideline recommendations of short-term management only. Furthermore, there is no objective evidence of continued benefit with this drug. Therefore, the request for 1 prescription of flexeril 5mg, #45 with 2 refills is not medically necessary.