MAXIMUS Federal Services

| Case Number: | CM13-0067380 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 04/09/2008 |
| Decision Date: | 05/19/2014 | UR Denial Date: | 11/25/2013 |
| Priority: | Standard | Application Received: | 12/17/2013 |

## 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 Illinois. 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 60-year-old female who reported injury on 04/09/2008. The mechanism of injury was the injured worker was moving a king size mattress. Treatment history included epidural steroid injections, cervical facet blocks, and cervical facet radiofrequency ablation as well as medications. The injured worker's medication history included Neurontin in 2012 and Lidoderm 5% ointment as 07/2013. The documentation of 12/05/2013 revealed the information was sent in response to a denial of Lidocaine 5%. The documentation indicated in an evaluation dated 10/28/2013, which was not provided for review, the patient had complaints of neck, lower back, and left shoulder pain. The injured worker indicated her pain level remained unchanged since the last visit. The injured worker had poor sleep quality. The injured worker indicated she was taking the medications as prescribed and they were working well with no side effects. The provider went on to include the injured worker's range of motion and objective physical examination findings. The physician further went on to indicate per California Chronic Pain Medical Treatment Guidelines that topical analgesics are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Lidocaine was prescribed for the advantage of absence of systemic side effects present among oral pain relievers. It was indicated the prescription of Lidocaine ointment would provide the injured worker transitory relief from pain in a more convenient low cost and immediate manner. Additionally, it was indicated it was opined it would lessen the risk for systemic side effects associated with oral medications. The documentation of 12/23/2013 revealed the injured worker's pain level had remained unchanged since the last visit. The injured worker claimed no new problems or side effects. The quality of sleep was fair. The request was made to continue medications Neurontin for nerve pain, Lidocaine cream, Pristiq 50 mg, Dexilant 30 mg for

stomach upset, and Trazodone. The diagnoses included lumbar radiculopathy, spinal/lumbar DDD, low back pain, and a sprain of the lumbar region.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 300MG ONE THREE TIMES A DAY #90 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS, 16

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIEPILEPTIC DRUGS, 16

**Decision rationale:** The California MTUS Guidelines recommend antiepileptic medications as a first line treatment for neuropathic pain. There should be documentation of objective functional improvement and objective decrease in pain. The injured worker had been utilizing the medication for more than 6 months. The clinical documentation submitted for review indicated the injured worker's pain had remained the same. The submitted documentation indicated the original request was on 10/28/2013, which was not provided for review. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the necessity for 1 refill. Given the above, the request for Neurontin 300 mg 1 3 times a day #90 with 1 refill is not medically necessary.

**LIDOCAINE 5% APPLY TWO TO THREE TIMES PER DAY WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, LIDODERM, 56-57

**Decision rationale:** The California MTUS Guidelines indicate that topical Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial and failure of a first line oral therapy including antiepileptic drugs such as Gabapentin or Lyrica. No there commercially approved formulation of Lidocaine whether creams, lotions or gels are indicated for neuropathic pain. The clinical documentation submitted for review indicated the injured worker was concurrently utilizing Gabapentin. There was lack of documentation of a trial and failure of a first line therapy. The injured worker was noted to be utilizing the topical for more than 3 months. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation indicating a

necessity for 1 refill. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Lidocaine 5% apply two to three times per day with one refill is not medically necessary.