

Case Number:	CM13-0069764		
Date Assigned:	02/21/2014	Date of Injury:	04/23/2008
Decision Date:	06/12/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational Medicine, 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 is an employee of [REDACTED] and has submitted a claim for neck and right shoulder pain associated with an industrial injury date of January 23, 2008. Treatment to date has included Relafen, Lidoderm Patch, Gralise, Zanaflex, Doxepin, Bupropion, Venlafaxine, Cymbalta, Senekot, Ibuprofen, Prilosec, Suboxone, Suoxone and 4 sessions of Cognitive Behavioral Therapy. Medical records from 2013 were reviewed, which showed that the patient complained of neck and right shoulder pain rated 8/10. On physical examination, the neck is hypersensitive to touch and the right shoulder is painful on range of motion. Tenderness of the paraspinals at the back was noted with decreased in range of motion. Utilization review from December 20, 2013 denied the request for Lidoderm patches 5%, 60 days supply with 2 refills because there was no indication that the patient has post-herpetic neuralgia. Decision for Gralise 600mg, 90 days supply with 2 refills was also denied because there was no evidence of documented neuropathic pain for which this agent would be supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%, SIXTY (60) DAY SUPPLY, WITH TWO (2) REFILLS:

Overtaken

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 9792.20 - 9792.26 Page(s): 56-57.

Decision rationale: According to pages 56-57 of the CA MTUS 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, patient has started using Lidoderm patches as early as August 2013. She was initially given Doxepin; however, persistence of symptoms prompted an adjuvant therapy using Lidoderm. Patient reported 50% pain relief for eight hours with its use, leading to increased activity levels, such as, ability to tolerate standing position for a half hour. The medical necessity has been established. Therefore, the request for Lidoderm patches 5%, sixty (60) days supply, with two (2) refills is medically necessary.

GRALISE 600MG, NINETY (90) DAY SUPPLY, WITH TWO (2) REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy DRUGS (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 49.

Decision rationale: According to page 49 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin (Gralise) has been 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. In this case, patient has been using Gabapentin since August 2013. There is sufficient documentation to support that the patient is consistently having neuropathic pain characterized by cervical pain radiating to upper extremities; with a reported pain relief of 25% and improvement of function associated with Gabapentin use. No adverse effects were likewise noted. Therefore, the request for Gralise 600mg, ninety (90) days supply, with (2) refills is medically necessary.