

<b>Case Number:</b>	CM13-0072109		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/05/2007
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 was injured on 04/05/2007. The injury occurred in the usual work duties. Prior treatment history has included TENS unit, electrodes dated 05/10/2013; several trigger points injections dated 06/07/2013; two Toradol B12 injections dated 12/06/2013 and 11/08/2013. Current medications include Percocet 10/325 prescribed 01/04/2013; Lidoderm 5% patch; Senna/docusate; gabapentin 600; Ativan 2 mg; ibuprofen 800. The patient is also on and off Exoten-C lotion 120 mL. The patient underwent selective catheterization of L4-L5 epidural space with infusion in 04/18/2013. Urine drug screen dated 11/08/2013 detected acetaminophen, oxycodone and oxymorphone. Diagnostic studies reviewed include MRI of lumbar spine without contrast dated 05/17/2011 shows a left paracentral and left neural foraminal 3 mm broad-based disc protrusion at L5-S1. There is no spinal stenosis or right neural foraminal narrowing. There is mild to moderate left lateral recess and left neural foraminal narrowing; At L2-3, there is a 2 to 3 mm left paracentral broad-based disc protrusion; L4-L5, there is mild dissection. There are mild facet degenerative changes and a 3 mm broad-based disc protrusion greater in AP diameter in the left neural foraminal area. No central canal or neural foraminal narrowing is seen. Pain medicine re-evaluation report dated 12/06/2013 indicates the patient complains of low back pain that radiates bilaterally to lower extremities and cramping of left foot. The patient rated the pain as an 8/10 in intensity with medication and 9/10 in intensity without medication. The pain increased with activity and walking and the patient reports the pain is unchanged since her last visit. On examination of the lumbar spine, there is spasm noted in the paraspinal musculature. The range of motion of the lumbar spine is moderately to severely limited. The pain is significantly increased with flexion and extension. Diagnoses are lumbar radiculopathy; shoulder pain; chronic pain; constipation-unspecified; and GERD. The patient is prescribed

Percocet 10/325, Lidoderm 5% patch, Senna/docusate 50/8.6, Gabapentin 600 mg, Ativan 2 mgs, and ibuprofen 800 mgs.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EXOTEN-C LOTION 120 ML, #360:** Upheld

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

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

**Decision rationale:** According to the CA MTUS guidelines, topical analgesics are recommended for neuropathic pain with trials of antidepressants and anticonvulsants have failed. The agents are applied locally to painful area with advantage that include lack of systemic side effects, absence of drug interaction and no need to titrate. Many agents are compounded as monotherapy or in combination of pain control. Any compound product that contains at least one drug or (drug class) that is not recommended, is not recommended. The medical records document the patient was diagnosed with radiculopathy, right shoulder pain, and chronic pain. The patient was on and off the medication in the request since January 4, 2014. In the absence of documented improvement of pain and function and further, this compound medication include methyl salicylate which is a nonsteroidal anti-inflammatory agent that is not recommended for neuropathic pain as there is no evidence to support its use. Therefore, the request for Exoten-C Lotion 120ml #360 is not medically necessary.

**LIDODERM 5% PATCH, #30:** Upheld

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

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

**Decision rationale:** According to the CA MTUS guidelines, Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such gabapentin or Lyrica). The medical records document the patient was diagnosed with radiculopathy, right shoulder pain and chronic pain. The patient was on the requested medication since May 10, 2013. In the absence of documented improvement in pain and function, and in the absence of evidence of trials of other first line therapies, the request is not medically necessary.

**GABAPENTIN 600 MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Specific Antieplisy Drugs, Page(s): 18-19.

**Decision rationale:** According to the CA MTUS guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first treatment for neuropathic pain. The medical records documents the patient was diagnosed with lumbar radiculopathy, right shoulder pain and chronic pain. The patient was on gabapentin 600mg since February 1, 2013. In the absence of documented improvement of pain and function on this medication, the request is not medically necessary according to the guidelines. Weaning/tapering of this medication needs to be initiated since guidelines recommend it should not be abruptly discontinued. Although this recommendation is based on seizure therapy, weaning and/or switching to another drug in this class should be done over the minimum of a week. The switching should be when there is evidence of inadequate response, intolerance, hypersensitivity or contraindication. There has been no documentation of objective functional improvement with this medication. Therefore, the request for gabapentin 600mg #60 is not medically necessary and appropriate.