MAXIMUS Federal Services

Case Number:	CM14-0000620		
Date Assigned:	01/17/2014	Date of Injury:	12/20/2010
Decision Date:	06/12/2014	UR Denial Date:	12/25/2013
Priority:	Standard	Application Received:	01/02/2014

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 Anesthesiology , has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 a 43 year old female who was injured on 12/22/2010. The diagnoses listed are low back pain, myofascial pain and bilateral lower extremities pain. A 2011 MRI of the lumbar spine was significant with degenerative disc disease, multilevel facet arthropathy and spinal stenosis. The patient completed Home exercise program and epidural steroid injections without significant pain relief. On 1/6/2014, the low back pain was noted to be radiating down the lower extremities. The patient complained of constipation. The pain score was 7/10. The sensory and motor examination was reported as normal. The gabapentin was very helpful but caused dizziness when the dosage was titrated up. The medications are naproxen, Nucynta, Lidoderm and Neurontin for pain and Pepcid for prevention and treatment of NSAIDs related gastritis. A Utilization Review decision was rendered on 12/25/2013 recommending non certification of Lidoderm 5% patch, Pepcid 20mg, Nucynta 50mg and Neurontin 300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The CA MTUS addressed the use of topical analgesics for the treatment of neuropathic pain and osteoarthritis. Topical analgesic preparations can be utilized to treat neuropathic pain when trials of anticonvulsant and antidepressant medications have failed. Lidoderm is indicated as a second-line medication for patients who cannot tolerate or have failed treatments with first-line medications. The record did not show that the patient was diagnosed with neuropathic pain. There were no subjective complaints or objective findings of radicular pain or neuropathy. The request is not medically necessary and appropriate.

NUCYNTA 50 MG TABLET: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic pain. It is recommended that the use of opioids be limited to periods of exacerbation of chronic pain that did not respond to standard NSAIDs, physical therapy and exercise. Opioids can also be used in chronic pain treatment when surgical and interventional pain options have been exhausted or are ineffective. Nucynta is an analgesic that acts on both opioid and non-opioid receptors. It is associated with less opioid related addictive and sedative properties than pure opioid agonists. The guidelines recommend that Nucynta be used as a second-line medication for patient who cannot tolerate pure opioid agonists. The medical record did not show that the patient failed or did not tolerate treatment with pure opioid agonists. The request is not medically necessary and appropriate.

NEURONTIN 300 MG CAPSULE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: The CA MTUS addressed the use of anti-epileptics in that treatment of neuropathic pain. Gabapentin, also available under the brand name Neurontin is recommended as a first-line medication for the treatment of neuropathic pain. The record indicate that the patient noted some beneficial effects during treatment with Neurontin 300mg but the dosage could not be titrated up to FDA recommended effective therapeutic dosage due to development of persistent intolerable side effects such as dizziness. There is absent of subjective and objective findings supporting a diagnosis of neuropathic pain syndrome in this patient. The indication for the use of Neurontin was not met.

PEPCID 20 MG TABLET FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications And Gastrointestinal Symptoms Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71.

Decision rationale: The CA MTUS addressed the use of proton pump inhibitors in the prevention and treatment of gastrointestinal side effects secondary to chronic Non-Steroidal Anti-Inflammatory Drugs (NSAID) therapy. Chronic NSAIDs treatment is associated with renal, cardiovascular and gastrointestinal complications. The risk of gastrointestinal complication is increased in patients who are older than 65 years or have a history of peptic ulcer disease, Gastrointestinal (GI) bled or perforation. The medical record did not indicate that the patient has any of these risk factors. The use of Pepcid for the prevention of NSAID associated gastrointestinal side effects was not met.