

Case Number:	CM14-0014905		
Date Assigned:	02/28/2014	Date of Injury:	11/07/1997
Decision Date:	06/27/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/05/2014

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 Neurological Surgery 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 injured worker is a 56-year-old who was injured on November 7, 1997. The original injury is described as occurring when a child jumped onto the claimant's back. On January 20, 2014, the claimant is documented as presenting with no change in low back pain and indicates that the previously requested medications injections are not been authorized. Pain continues to be 4/10 and is described as aching, dull, and tingling. Claimant is documented as continuing to work. Previous conservative measures have included physical therapy, ice, heat, facet joint injections, a discogram, and epidural steroid injections. The physical examination documents tenderness palpation over the lumbar facets bilaterally, spasm of the lumbar paraspinal muscles, and a positive straight leg raise bilaterally. Radiating pain is described in a L5 and S1 distribution bilaterally. The record documents status post anterior/posterior L4-S1 lumbar fusion in 2001. The utilization review in question was rendered on January 31, 2014. The reviewer denied the request for Lidoderm patches and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% QTY: 60.00: 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,

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines notes that topical analgesics are largely experimental. In the setting of topical lidocaine, is only recommended for use of localized peripheral neuropathic pain after trials of antidepressants and anticonvulsants have failed. Based on clinical documentation provided, the claimant continues with oral anti-convulsants medications. As such, is unclear why topical lidocaine patches are also required. The request for Lidoderm 5%, sixty count, is not medically necessary or appropriate.

NEURONTIN 600MG QTY: 90.00: Overturned

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,

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of gabapentin for the treatment of neuropathic pain. Based on the clinical documentation provided, the claimant has documented radiculopathy on examination and a L5-S1 distribution with a positive straight leg raise bilaterally and a history of operative intervention at this level. The request for Neurontin 600 mg, ninety count, is medically necessary and appropriate.