

Case Number:	CM14-0015503		
Date Assigned:	02/28/2014	Date of Injury:	11/22/2009
Decision Date:	08/11/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/06/2014

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 Management 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 a 53-year-old male with a date of injury of 11/22/09. The mechanism of injury was not noted. On 1/23/14, he complained of right shoulder pain rated 8/10. On exam the right elbow has restricted and painful range of motion. The diagnostic impression is right elbow sprain/strain. Treatment to date includes physical therapy and medication management. A UR review dated 2/3/14, denied the request for Lidoderm Patch with a refill and Neurontin with a refill. The Lidoderm patches were denied because there was no current documentation of any localized peripheral neuropathic pain. The Neurontin was denied because there was no documentation of any neuropathic pain relating to the patient's elbow problem. Furthermore, despite the use of Neurontin, the pain is worsening. Prescribing information for Neurontin does not support abrupt discontinuation and recommends tapering and weaning, therefore, the Neurontin was modified from Neurontin #90 to #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #30 1 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

Decision rationale: The California MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The Official Disability Guidelines (ODG) states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, guidelines recommend a trial of Lidoderm patches for a short-term period of no more than four weeks. The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day the patch(es) are to be worn). In this case, there was no documentation of efficacy of the Lidoderm Patches noted. Therefore, the request for Lidoderm Patch #30, 1 refill, is not medically necessary and appropriate.

Neurontin 300 mg #90 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18; 49.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, in this case, there was no noted symptoms of nerve pain related to the elbow and in fact, it was noted the patient has had worsening pain despite the use of Neurontin. The UR review modified the Neurontin #90 to #45 to allow for a taper. Therefore, the request for Neurontin 300mg #90 with 1 refill, is not medically necessary and appropriate.