MAXIMUS Federal Services

Case Number:	CM14-0121677		
Date Assigned:	08/06/2014	Date of Injury:	07/13/2010
Decision Date:	09/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 41-year-old female with a reported date of injury on 07/13/2010. The mechanism of injury was noted to be from a slip and fall on a wet floor. Her diagnoses were noted to include psychalgia, displacement of lumbar intervertebral disc without myelopathy, moderate mixed bipolar 1 disorder, disorder of coccyx, and degeneration of intervertebral disc. Her previous treatments were noted to include physical therapy and medications. The progress note dated 06/27/2014 revealed the injured worker complained of right leg pain, low back pain, and coccyx pain that radiated to the right lower extremity rated 8/10 to 9/10. She complained of numbness to the bilateral lower extremities with tingling and depression, anxiety, and stress. The physical examination revealed that the injured worker had an anxious, depressed, and flat affect. The sensation exam was intact throughout; however, she noted intermittent bilateral hypesthesia in the S1 distribution. She had a slow, guarded gait and forward flexed body posture. The provider indicated the medications reduced the injured worker's pain by half and allowed for the injured worker to continue daily activities. The request for authorization form was not submitted within the medical records. The request was for Gabapentin 300 mg #60 with 1 refill, Naproxen 500 mg #60 with 5 refills, and Lidoderm patches 5% #90 with 5 refills; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) or anti-convulsants Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic Pain Page(s): 13.

Decision rationale: The injured worker complained of numbness and tingling in the lateral right lower extremity and the right foot. The California Chronic Pain Medical Treatment Guidelines recommend antiepilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized controlled trials directed at central pain and none for painful radiculopathy. The injured worker complains of neuropathic pain and reports the medication helps reduce pain by half and allow for her to continue her daily activities. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for gabapentin 300 mg #60 with 1 refill is not medically necessary.

Naproxen 500mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The injured worker complained of low back and leg pain and revealed the medications reduced her pain by half and allowed for her to continue daily activities. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The Guidelines recommend NSAIDs as a second line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The Guidelines recommend as an option for short term symptomatic relief of chronic low back pain. A review of the literature on drug relief for low back pain suggests that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The injured worker has been utilizing this medication since at least 06/2014 and the Guidelines recommend short term utilization of this medication. She reported her pain was reduced by half and she was able to continue with her daily activities with the utilization of this medication; however, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Naproxen 500 mg #60 with 5 refills is not medically necessary.

Lidoderm patches 5% #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker has been utilizing this medication since 06/2014 and reports the medications reduce her pain by half and allow for her to continue daily activities. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines indications for topical Lidocaine are neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. The injured worker complains of neuropathic pain which does warrant Lidoderm patches; however, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Lidoderm patches 5% #90 with 5 refills is not medically necessary.