

<b>Case Number:</b>	CM14-0124822		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/21/2005
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 47-year-old female was reportedly injured on March 21, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 27, 2014, indicates that there are ongoing complaints of neck and bilateral upper extremity pain. Current medications are stated to include Lidoderm patches, Trazodone, Gabapentin, Baclofen, Levoxyl, Pristiq, Abilify, and Campral. The physical examination demonstrated full range of motion of the cervical spine with tenderness over the paravertebral muscles as well as the trapezius. There were trigger points with a twitch response of the cervical paraspinal muscles and trapezius as well. There was tenderness over the lateral epicondyle of the right elbow and a negative Tinel's sign. There was also a negative Tinel's and Phalen's test of both wrists. There was decreased sensation to light touch over the right thumb, ring finger, and little finger of the right hand. Diagnostic imaging studies of the upper extremities were equivocal. An MRI the cervical spine indicated a disc bulge at C6 - C7. Previous treatment was not discussed during this visit. A request had been made for Lidoderm patches, Baclofen, and Gabapentin and was not certified in the pre-authorization process on July 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patch #30- With 5 Refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS. (Effective July 18, 2009) Page(s): 56 of 127.

**Decision rationale:** The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the injured employee is currently prescribed Pristiq. Considering this, this request for Lidoderm patches is not medically necessary.

**Baclofen 10 Mg #90 with 1 Refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 792.26 MTUS (Effective July 18, 2009) Page(s): 63, 64 of 127.

**Decision rationale:** Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. The injured employee has not been diagnosed with multiple sclerosis or spinal cord injury. Furthermore, there is treatment of neuropathic pain with Pristiq which is considered a first-line agent. Considering this, the request for Baclofen is not medically necessary.

**Gabapentin 800Mg #90- With 1 Refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines considers Gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, the injured employee is already prescribed the antidepressant Pristiq which is also recommended for neuropathic pain. Considering this, the request for Gabapentin is not medically necessary.