

Case Number:	CM14-0176542		
Date Assigned:	10/30/2014	Date of Injury:	05/01/1999
Decision Date:	12/15/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/25/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This case involves a 66 year old with an injury date on 5/1/99. The patient complains of low lumbar pain radiating to right leg, and right knee pain, overall pain rated 5/10 with medications and 7/10 without medications per 8/7/14 report. The patient does not report any new problems, side-effects, or change in location of pain, and has a fair quality of sleep per 9/4/14 report. Based on the 9/4/14 progress report the current diagnosis includes lumbar radiculopathy; spinal/lumbar degenerative disc disease; and post cervical laminectomy syndrome. Exam on 9/4/14 showed "C-spine range of motion restricted with extension limited to 30 degrees. L-spine range of motion restricted with extension limited to 10 degrees. Negative straight leg raise." No range of motion testing for right knee was found in reports. The patient's treatment history includes MRI of lumbar spine, EMG, epidural steroid injection in 2007 with 80% relief, C3-4 cervical facet injection, C3-4 right cervical radiofrequency rhizotomy, right L3-S1 medial branch block, cervical fusion C4-7, right acromioplasty, right shoulder rotator cuff repair, right carpal tunnel release, left heel spur, and left meniscal repair. The treating physician is requesting Lidoderm 5% patches (700mg/patch) #60, Ultracet #120, and gabapentin 300mg #420. The utilization review determination being challenged is dated 9/23/14. The requesting provider provided treatment reports from 4/18/14 to 9/4/14. 1. lumbar radiculopathy 2. spinal/lumbar degenerative disc disease 3. post cervical lam. syndrome Exam on 9/4/14 showed "C-spine range of motion restricted with extension limited to 30 degrees. L-spine range of motion restricted with extension limited to 10 degrees. Negative straight leg raise." No range of motion testing for right knee was found in reports. Patient's treatment history includes MRI of L-spine, EMG, epidural steroid injection in 2007 with 80% relief, C3-4 cervical facet injection, C3-4 right cervical radiofrequency rhizotomy, right L3-S1 medial branch block, cervical fusion C4-7, right

acomoplasty, right shoulder rotator cuff repair, right carpal tunnel release, left heel spur, left meniscal repair. ██████ is requesting lidoderm 5% patches (700mg/patch) #60, ultracet #120, and gabapentin 300mg #420. The utilization review determination being challenged is dated 9/23/14. ██████ is the requesting provider, and he provided treatment reports from 4/18/14 to 9/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches (700mg/patch) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (licocaine patch); Lidocaine, Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics, page 56-57, 111-113 Page(s): 56-57, 111-113.

Decision rationale: This patient presents with lower back pain, right knee pain, and right leg pain. The treater has asked for Lidoderm 5% patches (700mg/patch) #60 on 9/4/14 "for topical analgesia." The patient has been using Lidoderm since 4/18/14. MTUS guidelines page 57 states, "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)." MTUS page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading Official Disability Guidelines (ODG), it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the treater does not document where the patient is using product and with what benefit. MTUS page 60 require documentation of function and pain reduction when medications are used for chronic pain. Therefore, this request is not medically necessary.

Ultracet #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids for chronic low back pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88, 89.

Decision rationale: This patient presents with lower back pain, right knee pain, and right leg pain. The treating physician has asked for Ultracet #120 on 9/4/14. The patient has been taking Ultracet since 4/18/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after

taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician indicates a decrease in pain with current medications which include Ultracet, stating "patient states that medications are working well. No side effects" per 9/4/14/ report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, this request is not medically necessary.

Gabapentin 300mg #420: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-18.

Decision rationale: This patient presents with lower back pain, right knee pain, and right leg pain. The treating physician has asked for gabapentin 300mg #420 on 9/4/14. The patient has been taking gabapentin since 4/18/14. Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: A switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and complex regional pain syndrome (CRPS), fibromyalgia, and lumbar spinal stenosis. In this case, the patient has been taking gabapentin for 4 months without documentation of effectiveness in relation to pain and function. Therefore, this request is not medically necessary.