

<b>Case Number:</b>	CM14-0179565		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 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:

The patient is a 64 year old with an injury date on 12/20/13. Patient complains of pain in her left elbow, left wrist/hand, left knee, and left thumb per 9/2/14 report. Patient has dull left knee discomfort that becomes sharp/throbbing with prolonged standing/walking, improved by sitting or applying ice per 6/20/14 report. Based on the 9/2/14 first report of occupational injury/illness provided by [REDACTED] the diagnoses are: 1. left elbow s/s r/o medial epicondylitis; 2. left wrist signs and symptoms (s/s) rule out (r/o) i/d; 3. left hand s/s r/o tendinitis CTS (carpal tunnel syndrome). Exam on 9/2/14 showed "Left elbow range of motion limited, with flexion 130 degrees. Left wrist and hand range of motion limited, with extension 45, flexion 45. Left knee range of motion limited with flexion 115 degrees." Patient's treatment history includes physical therapy, left knee injection, left hand 1st CMC injection, and medication. [REDACTED] is requesting ketoprofen/cyclobenzaprine/lidocaine 10 percent/3percent/5 percent, gabapentin 350mg, pyridoxine 10mg #6, and fexmid 7.5mg #120. The utilization review determination being challenged is dated 10/6/14 and denies request for Gabapentin due to lack of documented history of neuropathic pain. [REDACTED] is the requesting provider, and he provided treatment reports from 5/23/14 to 9/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen/Cyclobenzaprine/Lidocaine 10/3 percent/5 percent: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine; Salicylate topicals Page(s): 111-113; 105.

**Decision rationale:** This patient presents with left elbow pain, left wrist/hand pain, left knee pain, and left thumb pain. The treating physician has asked for Ketoprofen/cyclobenzaprine/lidocaine 10 percent/3percent/5 percent. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend cyclobenzaprine for topical use. As topical is not indicated, the entire compound is also not indicated for use. Recommendation is that the request is not medically necessary.

**Gabapentin 350mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 18-19.

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

**Decision rationale:** This patient presents with left elbow pain, left wrist/hand pain, left knee pain, and left thumb pain. The treating physician has asked for GABAPENTIN 350mg. Review of records show patient has no prior documentation of taking Gabapentin. 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: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) 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 CRPS, fibromyalgia, lumbar spinal stenosis. In this case, the patient has no documentation of a prior trial of Gabapentin. Regarding medications for chronic pain, MTUS page 60 states that the treating physician must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The requested trial of gabapentin 350mg appears reasonable for the patient's ongoing chronic pain condition. Recommendation is that the request is medically necessary.

**Pyridoxine 10mg #6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Vitamin B

**Decision rationale:** This patient presents with left elbow pain, left wrist/hand pain, left knee pain, and left thumb pain. The treating physician has asked for Pyridoxine 10mg #6. Regarding Vitamin B, ODG states not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. In the comparison of vitamin B with placebo, there was no significant short-term benefit in pain intensity while there is a small significant benefit in vibration detection from oral benfotiamine, a derivative of thiamine. In this case, the requested pyridoxine 10mg #6 is not considered medically necessary Recommendation is that the request is not medically necessary.

**Fexmid 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril; Muscle relaxants (for pain). Page(s): 63-66.

**Decision rationale:** This patient presents with left elbow pain, left wrist/hand pain, left knee pain, and left thumb pain. The treating physician has asked for Fexmid 7.5mg #120. Review of records show patient has no prior documentation of taking Fexmid. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treating physician does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. Recommendation is that the request is not medically necessary.