MAXIMUS Federal Services

Case Number:	CM14-0021220		
Date Assigned:	05/05/2014	Date of Injury:	08/02/2005
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 injured worker is a 53-year-old female who reported an injury on 08/02/2005, secondary to unknown mechanism of injury. The injured worker was evaluated on 01/21/2014 for reports of back pain that was rated at 7/10 without medication and 3/10 with medication. An exam noted lumbar extension at 5 degrees and decreased sensation at L5-S1 on the right. The exam also indicates the patient had right lower extremity nerve root tension signs suggestive of radiculopathy. The diagnoses included low back pain, failed back surgery syndrome, chronic pain, muscle spasms, sacroiliitis, degenerative disc disease, and facet arthropathy. The treatment plan included medication therapy. The request for authorization dated 01/22/2014 is in the documentation provided. The rationale for the request of Neurontin and Lidoderm patches is neuropathic pain is in the office notes provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 300MG #30 X 4 REFILLS PRESCRIBED ON 1-21-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: The request for Neurontin 300 mg #30 x 4 refills prescribed on 01/21/2014 is certified. The California MTUS Guidelines state that anti-epileptic drugs have been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, and have been considered a first-line treatment for neuropathic pain. There is evidence of objective findings of neuropathic pain. There is also indication of the efficacy of the medication in the documentation provided. However, the request for 4 refills would not allow for continued reassessment of the efficacy of the treatment. Therefore, the request is non-certified.

LIDODERM PATCH 5% #90 X 4 REFILLS PRESCRIBED ON 1-21-14: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The request for Lidoderm patch 5% #90 x 4 refills prescribed on 01/21/2014 is non-certified. The California MTUS Guidelines state that Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. There are objective findings in the documentation provided of peripheral pain and the efficacy of the medication prescribed. However, the request for 4 refills would not allow for continued reassessment of the efficacy of the treatment. Therefore, the request is non-certified.