

Case Number:	CM14-0031430		
Date Assigned:	06/20/2014	Date of Injury:	10/21/1996
Decision Date:	08/12/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/12/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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:

59y/o female injured worker with date of injury 10/21/96 with related neck and back pain. Per progress report dated 11/15/13, she described pain over the left side of her neck and extending into the upper left extremity. Pain was noted in her lower back radiating to the left lower extremity. She reported that she had tingling and numbness in both upper and both lower extremities. She noted weakness in both lower extremities. Per physical exam, there was decreased sensation to both hands bilaterally to light touch. Straight Leg Raising Test produced pain in the gluteal region bilaterally. MRI of the lumbar spine dated 12/12/13 revealed 5mm central and left paracentral disc protrusion at L4-L5 which was significantly worse than before. Previous MRI showed only 2mm posterior disc bulge. At the date of exam, there was moderate-to-severe canal stenosis due to combination of disc protrusion and facet joint arthropathy. There was also mild-to moderate left neuroforaminal stenosis at the L4-L5 level. 2mm posterior disc bulge at L5-S1 and minimal-to-mild multilevel disc desiccation as described above. Electrodiagnostic study dated 12/18/13 revealed a severe sensorimotor median neuropathy across the wrist bilaterally. The documentation submitted for review does not specify whether physical therapy was utilized. She has been treated with medication management. The date of UR decision was 2/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin: 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 Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Review of the documentation submitted for review indicates that the injured worker does have neuropathic pain. She has been treated with neurontin, however, the records do not contain documentation of pain relief and improvement in function with its use. Furthermore, the request does not contain dosage or quantity information. The request is not medically necessary. It should be noted that the UR physician has approved a modification of this request containing such information.

Lidoderm patches: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review indicate that there has been a trial of first-line therapy in the form of Gabapentin. However, there is no documentation of the efficacy of that treatment. Without evidence of failure of first-line therapy, lidoderm cannot be recommended at this time. The request is not medically necessary.