

<b>Case Number:</b>	CM14-0043051		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	09/06/2000
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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:

This patient is a 58-year-old female with a date of injury of 09/06/2000. Per treating physicians report 01/13/2014, the patient presents with fall injury tripping on a peach pit, fracture of the right foot, with persistent low back pain. Current medications include Nexium, Lisinopril, simvastatin, lorazepam, and fluticasone. Listed diagnoses were right L4 versus L5 radiculopathy, axial low back pain, chronic pain syndrome, lumbar facet pain, depression, and morbid obesity. Treatment plan was for electrodiagnostic studies of lower extremities, changing patient's medication from ibuprofen to Celebrex due to the risk for increased blood pressure. No other reports are available in this file that only contained 28 pages.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 300MG #90 WITH 4 REFILLS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS has the following regarding Gabapentin Page(s): 1.

**Decision rationale:** This patient presents with chronic low back pain with radiating symptoms down to lower extremity. The request is for gabapentin per request for authorization dated 03/25/2014. Unfortunately, most recent progress reports were not available for this review. The request was denied by utilization review 03/31/2014. MTUS Guidelines support use of gabapentin for neuropathic pain. This patient has a documented diagnosis of radiculopathy of the lumbar spine, and use of gabapentin appears appropriate. Unfortunately, recent progress reports are not available to determine whether or not this medication has been beneficial. Based on request for authorization, it would appear that gabapentin is being trialed around March of 2004. January of 2014 report did not include gabapentin. Recommendation is for authorization.

**PRESCRIPTION OF CELEBREX 100MG #30 WITH 4 REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & C.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Medications for chronic pain; Anti-inflammatory medica.

**Decision rationale:** This patient presents with persistent low back pain with radiating symptoms down to lower extremity. The patient has a history of ankle fracture as well. The request was for Celebrex. MTUS Guidelines support use of NSAIDs as a first line treatment for chronic pain condition including low back pain, at least for short term. The treating physician has switched the medication from Motrin to Celebrex, given the patient's hypertension problems. Use of Celebrex at 100-mg dose appears quite reasonable and medically necessary to treat this patient's chronic pain. Recommendation is for authorization.

**PRESCRIPTION OF LIDODERM 5% PATCH #60 WITH 4 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Lidoderm® (lidocaine patch) Page(s): 56, 57 & 112.

**Decision rationale:** This patient presents with chronic low back pain with some radicular symptoms down the lower extremity. The patient has a history of foot fracture as well. The request for Lidoderm patches per request for authorization dated 03/25/2014. Unfortunately, progress report containing the request for Lidoderm patches is not available for this review. MTUS Guidelines support Lidoderm patches for primarily neuropathic pain that is peripheral and localized. In this case, the patient presents with diffuse radicular symptoms, with axial low back pain which is not indicated for Lidoderm patch use. January 2014 report does not include description of patient's foot-ankle pain, although foot fracture is mentioned. If the patient had persistent foot-ankle pain, which is peripheral and localized, use of Lidoderm patches may be indicated for the foot and ankle, but it is not indicated for patient's low back pain. Without treating physician's report, it is not known for what purpose Lidoderm patches are used for. Recommendation is for denial.

