

<b>Case Number:</b>	CM14-0067030		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/07/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Pain Management 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 is a patient with a date of injury of 5/7/10. A utilization review determination dated 5/2/14 recommends non-certification of Lidoderm. Neurontin was modified from #60 with 4 refills to #60 x 1. Sonata was modified from #30 with 4 refills to #30 x 1. It referenced a handwritten medical report dated 3/28/14 that was not included for review. The report was noted to be difficult to read, but appeared to indicate improvement in right elbow and wrist discomfort from acupuncture. There is right elbow pain with occasional numbness and tingling. Symptoms are mild and infrequent. On exam, there is tenderness at the lateral epicondyle and right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch every 12 hours #30 with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

**Decision rationale:** Regarding request for Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or

antiepileptic drugs. Within the documentation available for review, there are no clear symptoms/findings suggestive of localized peripheral neuropathic pain, as only mild and infrequent numbness and tingling are noted. Furthermore, the response to first-line therapy is not noted and the provider is concurrently requesting an antiepileptic drug. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of prior use of Lidoderm. In light of the above issues, the currently requested Lidoderm is not medically necessary.

**Neurontin (Gabapentin) 600mg,1 by mouth twice a day #60 with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

**Decision rationale:** Regarding request for Neurontin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there are no clear symptoms/findings suggestive of neuropathic pain, as only mild and infrequent numbness and tingling are noted. Furthermore, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) and no documentation of specific objective functional improvement from prior use. Additionally, there is no discussion regarding side effects from this medication. In light of the above issues, the currently requested Neurontin is not medically necessary.

**Sonata (Zaleplon) 10mg, 1 by mouth at bedtime #30 with 4 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatment (Official Disability Guidelines).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Insomnia treatment.

**Decision rationale:** Regarding the request for Sonata, California MTUS does not address the issue. ODG does support it as a first-line medication, but they note that short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. Within the documentation available for review, there is no clear indication of efficacy to date and the medication appears to be utilized for longer than the short-term treatment recommended by ODG. In light of the above issues, the currently requested Sonata is not medically necessary.