

Case Number:	CM14-0070113		
Date Assigned:	07/14/2014	Date of Injury:	08/02/2005
Decision Date:	10/30/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/15/2014

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 Internal 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:

The insured is a 55 year old female whose reported date of industrial injury was Aug 2, 2005. The mechanism of injury is reported as a twisting and popping in her lower back when reaching on a pile tricycles, while performing the usual and customary duties of her occupation as a teacher's aide. The patient had an MRI of the lumbar spine that revealed L5-S1 bilateral neuroforaminal narrowing with impingement of the nerve root of L5. Electromyography (EMG) performed in 2010 demonstrated chronic dorsal rami neuropathy. This was thought to be due to the failed back surgery syndrome. She had a Quality Medical Evaluator (QME) examination done, as well as a functional restoration program authorization, which were reviewed. The patient has a history of opiate misuse and has been weaned off of it. She has significant depression and anxiety with maladaptive coping skills and pain beliefs. An outpatient educational program was recommended for managing these problems. She has chronic low back pain with radiation into the right lower extremity along with thigh pain on the right side. L5-S1 region sensation is diminished and nerve tension signs are negative on the QME but were positive per primary treating provider. She has had lumbar spine surgery in the past and this essentially has failed. Although the primary treating provider talked about pain generators and a variety of diagnoses were associated with the patient, the functional restoration program / QME documented chronic pain syndrome as the primary syndrome. A request for lidoderm 5% patch (700 mg/patch), #30, with four refills was denied and a request for Neurontin 300 mg #30, with four refills was modified in the pre-authorization process on April 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% (700mg/patch) #30 +4 refills for date of service 4/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

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): 56-57.

Decision rationale: The primary treating provider's working diagnosis is a lumbosacral neuropathy, which is his rationale for requesting lidoderm patches and gabapentin based treatment. Apparently, the patient is not a candidate for epidural steroid injections, opiates and has had problems with pregabalin. She also refuses to take anti depressants. On the other hand, the perspective of the QME and the evaluation in the functional restoration program authorization, along with the long standing history of the patient including her psychological make up with poor coping and pain related beliefs, strongly suggests that her primary problem is a chronic pain syndrome in which a biopsychosocial assessment and management plan will have the best chance of success. Lidocaine patches would be appropriate as a trial to assess whether the patient's clinical syndrome responds to this modality. It is clear that the patient' symptoms are long standing and have a significant psychological overlay. Additionally, the patient has had odd problems with medications, refusal to consider therapies that have a reasonable chance of success, such as antidepressants, and has poor pain related coping skills and beliefs. In view of these complicating issues, four refills for the lidoderm patch are not necessary. This is especially true when the patient is being seen every six weeks. There should be clear and unequivocal documentation of a beneficial effect of lidoderm in the patient, appropriate compliance should be documented and failure of first line agents such as tricyclics and gabapentin should be present prior to considering refills of the lidoderm patch. Accordingly, the request as written, is not medically necessary.

Neurontin 300mg #30 +4 refills for date of service 4/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

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): 16-18.

Decision rationale: Gabapentin based treatment would be appropriate as a trial to assess whether the patient has a good response to it. Typical effective doses of such medications range from approximately 900 to 3600 mg per day. It would be unusual for a single 300 mg dose at night to produce a beneficial effect. Also, the need for four refills is not clear. The dose and the number of refills appear to be unnecessarily high given that the patient is seen every six weeks. Finally, it appears unlikely that the brand version of a drug does not cause nausea while a generic version does. Given these problems in the overall details pertaining to this request, this request is not medically necessary.

