

<b>Case Number:</b>	CM14-0070618		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/05/2003
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 51-year-old male with an 11/5/03 date of injury. The mechanism of injury was not noted. According to a handwritten progress report dated 6/3/14, the patient complained that his legs were weak, left greater than right. His back pain was better after an epidural injection on 5/29/14. Objective findings: MRI revealed fusion of L5-S1 compromising left S1 nerve root. Diagnostic impression: depressive disorder, lumbar/lumbosacral disc degeneration, radiculopathy. Treatment to date: medication management, activity modification, ESI. A UR decision dated 4/25/14 denied the requests for Duexis, Lidoderm, and Gabapentin 250mg/Acetyl-L-Carnitine 125mg. Regarding Duexis, there is no indication as to why the patient cannot use generic ibuprofen instead of a brand. There is no mention that there is any increased risk for gastrointestinal side effects to NSAIDs or any prior history of upper gastrointestinal illness such as GERD, gastritis, or ulcers. Regarding Lidoderm, there is no documentation of a trial of first-line therapy. It is not known how long the patient has been using this medication; if he has used it previously there is no documentation of any objective functional benefit. Regarding Gabapentin 250mg/Acetyl-L-Carnitine 125 mg, gabapentin is an anti-epileptic drug not approved for topical use by MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Pain Chapter - Duexis Other Medical Treatment Guideline or Medical Evidence: FDA (Duexis).

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. ODG states this medication is not recommended as a first-line drug. Ibuprofen (e.g., Motrin, Advil) and famotidine (e.g., Pepcid) are also available in multiple strengths OTC (over the counter), and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. In addition, the FDA states that Duexis is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers. There is no documentation that the patient has had a trial of a first-line NSAID. In addition, there is no rationale provided as to why the patient needs a compounded, combination product as opposed to the medications separately. Therefore, the request for Duexis 800 mg #60 is not medically necessary.

**Lidoderm Patch 4%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm.

**Decision rationale:** CA MTUS states that topical lidocaine may be 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). There should be documentation of a successful trial of Lidoderm patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Furthermore, the quantity of medication requested was not noted. Therefore, the request for Lidoderm Patch 4% is not medically necessary.

**Gabapentin 250mg/Acetyl--L-Carnitine 125mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drug (AED).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Pain ChapterX Other Medical Treatment Guideline or Medical Evidence: "L-Acetylcarnitine: A Proposed Therapeutic Agent for Painful Peripheral Neuropathies", Current Neuropharmacology July 2006; 4(3):233-237 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2430690/>.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no documentation that the patient has tried gabapentin, which guidelines recommend as first-line treatment for neuropathic pain. A journal article titled, "L-Acetylcarnitine: A Proposed Therapeutic Agent for Painful Peripheral Neuropathies" states that L-acetylcarnitine has been tested in clinical trials and can be considered a therapeutic agent in neuropathic disorders including painful peripheral neuropathies. However, there is no rationale provided as to why the patient needs a compounded, combination product as opposed to the medications separately. Therefore, the request for Gabapentin 250mg/Acetyl--L-Carnitine 125mg is not medically necessary.