

<b>Case Number:</b>	CM14-0072314		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/24/2003
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 and is licensed to practice in Nevada. 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 injured worker is a 63-year-old female who was reportedly injured on September 24, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 4, 2014, indicated that there were ongoing complaints of low back pain and chronic radicular symptoms. The physical examination demonstrated a decrease in lumbar spine range of motion and tenderness to palpation. Diagnostic imaging studies were not presented for review. Previous treatment included lumbar surgery, physical therapy, multiple medications and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on May 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

**Decision rationale:** The California Medical Treatment Utilization Schedule considers Gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation

provided, there is no objectified evidence of neuropathic and radicular pain on physical examination. Furthermore, there is no corroboration of a neuropathic lesion. As such, the requested medication is not medically necessary.

**Trazadone 50 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chronic Pain-Clinical Measures-Medications (Electronically Cited).

**Decision rationale:** The progress notes indicate there were elements of depression. This is an antidepressant medication; however, there is no objective evidence to suggest this medication has any functional efficacy. The complaints are present. The pain levels continued to be the same. There were no physical examination findings, and the utility of this medication is not objectified in the progress notes presented for review. Therefore, this request is deemed not medically necessary.

**Linzess 145 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McQuaid KR. Chapter 15. Gastrointestinal Disorders. In: Papadakis MA, McPhee SJ, Rabow MW. eds. CURRENT Medical Diagnosis & Treatment 2014. New York, NY: McGraw-Hill; 2014.

**Decision rationale:** It should be noted that this medication is not addressed in the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine or Official Disability Guidelines. A literature search found the above noted citation. This medication is for the treatment of irritable bowel syndrome and constipation. The progress notes presented for review indicates there is a constipation due to the pain medications. However, there are no physical examinations or other objective signs denoting that there is a constipation.

**Lidocaine Pad 5% #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, the claimant continues to have low back pain complaints, but there is no noted efficacy or utility with the utilization of this topical preparation. With the lack of any objectified clinical improvement, the request is considered not medically necessary.

**Hydrocodone/APAP 10-325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, this medication is a short acting opioid indicated for the management of moderate to severe breakthrough pain. The pain complaints are consistent, constant, and there is no evidence presented that there is any amelioration of symptomatology. As such, the efficacy of this medication in terms of improved functionality or decreased symptomatology has not been established. Accordingly, the medical necessity for this preparation is not presented.