

<b>Case Number:</b>	CM14-0096191		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/19/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 and Pain Medicine and is licensed to practice in Florida. 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 41-year-old female who reported an injury on 06/08/2011. The mechanism of injury was not specifically stated. The current diagnoses include chronic pain, lumbar radiculitis, lumbar radiculopathy, and status post left carpal tunnel release. Previous conservative treatment includes postoperative physical therapy for the left upper extremity, cervical and lumbar epidural steroid injections, and medication management. The injured worker was evaluated on 05/12/2014 with complaints of neck pain radiating into the bilateral upper extremities and low back pain radiating into the bilateral lower extremities. The physical examination on that date revealed spasm at L4-S1, tenderness to palpation of the lumbar spine, decreased sensitivity to touch along the L4-S1 dermatome in the left lower extremity, normal motor examination, and positive straight leg raising bilaterally. The injured worker also demonstrated tenderness to palpation at the bilateral wrists with a well-healed surgical scar. It is noted that the injured worker underwent an MRI of the lumbar spine on 02/13/2012. The treatment recommendations at that time included prescriptions for gabapentin 300 mg, Lidoderm 5% patch, Norco 10/325 mg, tramadol 50 mg, and Zanaflex 4 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg, #60 x 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 16-19 Page(s): 15-19.

**Decision rationale:** The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. The injured worker has utilized this medication since 01/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Norco 10/325mg, #90 x 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 74-82 Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 11/2013 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Lidoderm 5% Patch, #30 x 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 111-113 Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first-line treatment. There is no documentation of a failure to respond to oral antidepressants or anticonvulsants prior to the initiation of a topical analgesic. There is also no frequency listed in the request. As such, the request is not medically necessary.