

<b>Case Number:</b>	CM14-0136160		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	04/12/2002
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 57 year old male who sustained an industrial injury on 04/12/2002 when he fell into a 3 foot hole. The injured worker was diagnosed with herniated nucleus pulposus of the lumbar spine with moderate to severe stenosis, herniated nucleus pulposus of the thoracic spine with cord distortion, myelopathy and failed lumbar back surgery. The injured worker also has a history of hypertension and diabetes mellitus. The injured worker underwent a 2 lead spinal cord stimulator (SCS) implant in May 2014 and lumbar decompression L4-5 (no date documented). Treatment to date includes diagnostic testing, epidural steroid injections to the thoracolumbar junction and lumbosacral area, acupuncture therapy (26 sessions), physical therapy, chiropractic therapy, spinal cord stimulator (SCS) implant, psychologist evaluation and treatment, home exercise program and medications. According to the primary treating physician's progress report on July 24, 2014, the injured worker continues to experience neck and back pain. The injured worker reports his neck pain with radiation of numbness and tingling to the bilateral upper extremities extending to the fingertips. He also reports mid and low back pain radiating with numbness and tingling to the bilateral lower extremities to the toes. The injured worker rates his neck and back pain currently at 9/10 and reduced to 7/10 with current medication regimen. Examination demonstrated decreased range of motion in the cervical and lumbar spine. Tenderness to palpation was noted at the cervical and bilateral lumbar paraspinal muscles. Decreased sensation on the left L4, L5 and S1 dermatomes and decreased motor strength were noted. Straight leg raise was positive bilaterally. The injured worker has an antalgic gait and ambulates with a single point cane. Current medications are listed as Cymbalta, Gabapentin, MsContin 15mg, LidoPro topical analgesics and Docuprene. Treatment plan

consists of home exercise program, medication regimen and the current request for Gabapentin, MsContin 15mg and Methoderm gel.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Methoderm gel 4oz #1: Upheld**

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has neck pain with radiation of numbness and tingling to the bilateral upper extremities extending to the fingertips. He also reports mid and low back pain radiating with numbness and tingling to the bilateral lower extremities to the toes. The injured worker rates his neck and back pain currently at 9/10 and reduced to 7/10 with current medication regimen. Examination demonstrated decreased range of motion in the cervical and lumbar spine. Tenderness to palpation was noted at the cervical and bilateral lumbar paraspinal muscles. Decreased sensation on the left L4, L5 and S1 dermatomes and decreased motor strength were noted. Straight leg raise was positive bilaterally. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Methoderm gel 4oz #1 is not medically necessary.

#### **Gabapentin 600mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti- Epilepsy Drugs (AEDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

**Decision rationale:** The requested Gabapentin 600mg #90 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage, and outcome. A good response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction." The injured worker has neck pain with radiation of numbness and tingling to the bilateral upper extremities extending to the fingertips. He also reports mid and low back pain radiating with numbness and tingling to the bilateral lower extremities to the toes. The injured worker rates his neck and back pain currently at 9/10 and reduced to 7/10 with current medication regimen. Examination demonstrated decreased range of motion in the cervical and lumbar spine. Tenderness to palpation was noted at the cervical and bilateral lumbar paraspinal muscles. Decreased sensation on the left L4, L5 and S1 dermatomes and decreased

motor strength were noted. Straight leg raise was positive bilaterally. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 600mg #90 is not medically necessary.

**MS Contin 15mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

**Decision rationale:** The requested MS Contin 15mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain with radiation of numbness and tingling to the bilateral upper extremities extending to the fingertips. He also reports mid and low back pain radiating with numbness and tingling to the bilateral lower extremities to the toes. The injured worker rates his neck and back pain currently at 9/10 and reduced to 7/10 with current medication regimen. Examination demonstrated decreased range of motion in the cervical and lumbar spine. Tenderness to palpation was noted at the cervical and bilateral lumbar paraspinal muscles. Decreased sensation on the left L4, L5 and S1 dermatomes and decreased motor strength were noted. Straight leg raise was positive bilaterally. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions, decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, MS Contin 15mg #60 is not medically necessary.