MAXIMUS Federal Services

Case Number:	CM14-0187245		
Date Assigned:	11/17/2014	Date of Injury:	04/03/2002
Decision Date:	01/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Interventional Spine 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 patient is 64-year-old female with an injury date of 04/03/02. Based on the 10/13/14 progress report, the patient complains of bilateral upper extremity pain and weakness, and neck and mid back pain. Pain increases with activity. Physical examination to the cervical and thoracic spine revealed tenderness with guarding. Treating physician is waiting for authorization for Gabapentin, and is requesting lidoderm patch per 10/13/14 progress report. Patient has been taking Gabapentin for more than 10 years, per treating physician report dated 10/13/14. Diagnosis 10/13/14- Repetitive strain injury to bilateral upper extremities- Cervical spine strain- Thoracic spine strainThe utilization review determination being challenged is dated 10/28/14. The rationale follows:- LIDODERM PATCH 5%, APPLY TO AFFECTED AREA EVERY 12 HOURS: "...reference does not support utilization of a topical prescription analgesic as a primary means of management for a chronic pain condition."- GABAPENTIN 200MG, 1 PO QAM AND 2 PO QHS: "...the records...do not provide any data to indicate that utilization of prescription medications has significantly enhanced functional capabilities." Treatment report dated 10/13/14 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, apply to affected area every 12 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Lidocaine Indication Page(s): 56-57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, LidodermÂ® (lidocaine patch)

Decision rationale: MTUS guidelines page 57 states, "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)." Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. Treating physician has not provided reason for the request, nor indicated what body part would be treated. Treating physician has not documented localized pain that is consistent with neuropathic etiology, for which Lidoderm patch would be indicated. Request is not inline with MTUS guidelines. Recommendation is not medically necessary.

Gabapentin 200mg, 1 PO QAM and 2PO QHS: 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 Gabapentin; Medication for chronic pain Page(s): 18, 19; 60.

Decision rationale: MTUS has the following regarding Gabapentin on pgs. 18, 19: "Gabapentin (Neurontin, Gabarone , generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function... Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." Treating physician has not provided reason for the request. In this case, the patient has been taking Gabapentin for more than 10 years, however treating physician does not provide any documentation as to how the medication is tolerated and is beneficial for the patient's symptoms. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, there is no documentation of neuropathic pain presented in patient. Request does not meet MTUS indications. Recommendation is not medically necessary.