

<b>Case Number:</b>	CM14-0187711		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	03/05/2001
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Internal Medicine 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:

Pursuant to the progress reports dated July 2, 2014, the IW complains of continued low back pain with radiation to the legs, left greater than right. He has tingling in the bilateral feet. The IW reports relief with Lidoderm ointment. He states that Neurontin has improved pain relief. He is also using a TENS unit. The injured worker's pain control is on and off due to secondary to coverage and non-coverage. Objective physical findings revealed the IW walks with an antalgic gait and he walks with a cane. Straight leg raise test is positive on the right at 50 degrees and positive on the left at 55 degrees. There is decreased sensation in the posterior thighs to light touch. There is tenderness to the paravertebrals, thoracic and lumbar. A urine drug screen (UDS) from November of 2013 was inconsistent with current medications. The UDS was negative for Neurontin and opiates. The provider discussed the findings with the IW. Current medications include Norco 10/325mg, Baclofen 10mg, Neurontin 600mg, and Lidoderm patch 5%. There is documentation in the medical record that indicated that the IW was hospitalized for psychiatric intervention in July of 2011. The IW was taking prescribed Norco at that time following his discharge. The provider is recommending continuation of home exercise program, medications, and psychological treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600 MG 1/2 Tab aDay #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Neurontin

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 600 mg one half tab a day #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's diagnoses are lumbar spine radiculitis, chronic; lumbar post laminectomy syndrome; depression secondary to orthopedic condition; epidural morphine trial, mild relief; psychological diagnosis; chronic myofascial inflammation and dysfunction with triggers; diabetes; and urologic diagnosis. A July 2, 2014 progress note indicates a urine drug screen from November 2013 was negative for Neurontin (gabapentin) despite having a prescription. The inconsistencies were discussed by the treating physician with the injured worker. There was no other documentation regarding this issue. The documentation did not contain evidence of objective functional improvement and consequently, Neurontin 600 mg one half tablet a day #90 is not medically necessary.

**Norco 10/325 MG 1 Tab a Day #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg one tab per day #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should be included in the record. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Immediate discontinuation has been suggested for aggressive or threatening behavior, intentional suicide attempt, etc. (see ODG for details). In this case, the injured worker was hospitalized in July 2011 for a psychiatric intervention. The worker was on Norco prior to the hospital intervention. The injured worker was worked up and subsequently discharged on Norco in addition to other antidepressants. The July 2, 2014 progress note contains documentation of urine drug screen performed November 2013. Urine drug screen had inconsistent results with the opiate prescription medications. There was no other documentation regarding this issue. Additionally, there was no documentation indicating objective functional improvement with Norco which appears to have been started on July 8 of

2011. Consequently, absent the appropriate documentation, Norco 10/325 mg one tab daily #90 is not medically necessary.

**Lidoderm 5 Percent Patches 1-3 Patches Every 12 Hours: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

**Decision rationale:** Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, Lidoderm 5% patches 1-3 patches every 12 hours is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. In this case, the injured worker's diagnoses are lumbar spine radiculitis, chronic; lumbar post laminectomy syndrome; depression secondary to orthopedic condition; epidural morphine trial, mild relief; psychological diagnosis; chronic myofascial inflammation and dysfunction with triggers; diabetes; and urologic diagnosis. Lidoderm patches for being used in a progress note dated July 2, 2014. There is no documentation containing objective functional improvement with Lidoderm in the medical record. Additionally, the Lidoderm start date is unclear based on the documentation. Consequently, absent objective functional improvement with the topical analgesic Lidoderm, Lidoderm patches 5% 1-3 patches every 12 hours is not medically necessary.