

<b>Case Number:</b>	CM14-0201865		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	06/12/2010
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Family Practice 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 patient is an adult male with a date of injury of 6/12/2010. He has the following diagnoses: chronic neck pain secondary to cervical degenerative disc disease, cervicogenic headaches, chronic low back pain secondary to lumbosacral degenerative disc disease, chronic right knee pain, left sided hip pain, tempromandibular joint dysfunction, and left shoulder pain. Prior treatment has included a home exercise program, therapy, and medications. A 10/28/2014 progress report noted the following pertinent positive, objective findings: slight forward posture, ambulates slowly, slight antalgic gait, tenderness on palpation of his lumbar paraspinals including his right rib cage. He has been taking Gabapentin 600mg po BID for neuropathic pain. A Lidoderm patch was prescribed in the fall of 2014 since his current medications were not controlling his pain. A utilization review physician did not certify requests for Lidoderm patches or continuation of his Gabapentin. Therefore, an Independent medical review was requested to determine the medical necessity of these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5 percent #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm. Page(s): 56-57.

**Decision rationale:** In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica" as first line treatments. The provided documentation does show that this patient was tried on Gabapentin. Since this patient's current pain medication regiment was not controlling his symptoms, his physician prescribed Lidoderm patches versus increase his narcotic medications. The utilization review physician did not authorize this medication since he stated that, "the report submitted does not indicate failed trials of first line recommendations such as oral antidepressants or anticonvulsants." Since this patient has been tried on Gabapentin this statement is not correct. Therefore, the requested Lidoderm patches are considered medically necessary.

**Gabapentin 600 mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin. Page(s): 18.

**Decision rationale:** California MTUS guidelines state "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." This patient is taking Gabapentin for documented neuropathic pain. The utilization review physician recommended weaning this medication since he stated "there is no evidence of objective functional gains with prior use of this medication." However, on multiple progress notes the benefits this patient has derived from his pain medication regiment is well documented. It is stated that with pain medication this patient is able to do home chores, prepare meals, cleaning, etc. Without his pain medication, it is difficult for him to get out of the bed." Likewise, he does appear to be deriving functional benefit from his pain medication regiment, and therefore, continuation of this patient's Gabapentin at his current dose is considered medically necessary.