

Case Number:	CM15-0006699		
Date Assigned:	01/22/2015	Date of Injury:	11/28/2008
Decision Date:	03/16/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female, who sustained an industrial injury on 11/28/2008. The diagnoses have included right shoulder impingement syndrome, left shoulder impingement syndrome, degenerative disk disease of the cervical spine with cervical radiculopathy, rule out bilateral carpal tunnel syndrome, low back pain, chest pain, right foot pain, and rule out fibromyalgia. Treatments to date have included physical therapy, acupuncture therapy, trigger point injections, and medications. Diagnostics to date have included cervical spine x-rays revealed mild to moderate disc space narrowing C5-6 with anterior and posterior osteophyte formation and cervical spine MRI dated 08/11/2010 showed multiple disc bulges, 2 to 3mm at levels C2-C3, C3-C4, C4-C5, and C5-C6, and a 5 to 6mm disc osteophyte complex with moderate central canal narrowing and severe left sided neural foraminal narrowing. In a progress note dated 12/26/2014, the injured worker presented with complaints of continued severe pain in her neck, shoulders, and hands which she states is constant level of 8-9 out of 10 pain. The treating physician reported the injured worker will be referred for pain management consultation and second opinion spine surgery consultation along with her prescribed medications as they are giving her functional improvement, pain relief, and gastritis relief. However, decreased pain levels are not apparent as the medical records document pain consistently at 8-9/10 levels with medications. Utilization Review determination on 01/06/2015 non-certified the request for 90 Tablets of Gabapentin 300mg with 1 Refill and 30 Lidocaine 5% Patches citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Gabapentin 300mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18-19.

Decision rationale: Gabapentin is an anti-epilepsy drug. The MTUS recommends use of antiepileptic drugs for neuropathic pain. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized control trials directed at central pain and none for painful radiculopathy. The choice of specific agents depends on the balance between effectiveness and adverse reactions. A good response to the use of antiepileptic drugs is defined as a 50% reduction in pain and a moderate response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects and concurred with use. The continued use of antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. The medical records provided do not support continued use of gabapentin since there is no reported decrease in pain of 30%-50%, reduced dependence on other pain medications or other specific functional improvement. The trial period has been adequate for assessment of response since the medication has been used since at least January 2014. Medical records through December 2014 note ongoing pain at 8-9/10. Utilization Review on 1/6/15 recommended non-certification of gabapentin due to lack of documented efficacy. The request for Gabapentin 300mg #90 is not supported in the MTUS and is not medically necessary.

30 Lidocaine 5% Patches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Lidoderm (lidocaine patch)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Pain, Lidoderm

Decision rationale: The MTUS states that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Their use is largely experimental with few randomized controlled trials to determine efficacy or safety. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for

orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The ODG guidelines also state that Lidoderm patches are not a first-line treatment and are FDA approved only for postherpetic neuralgia. The injured worker does not have post herpetic neuralgia. ODG Criteria for use of Lidoderm patches include: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. In this case a trial period of over 4 weeks has been completed, with no documentation of improved pain levels or decrease in the use of other medications. With lack of significant efficacy and functional improvement the medication should be discontinued as recommended by the Utilization Review of 1/6/15. The request for Lidoderm patches 5% is not medically necessary.