

<b>Case Number:</b>	CM15-0136488		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on October 10, 2011. Treatment to date has included medications, EMG-NCV of the bilateral upper extremities, and MRI of the cervical spine. Currently, the injured worker complains of increased pain in the left leg and increased vertigo. She reports having a stiff neck with increased pain in the shoulders and neck and reports burning in the arms and weakness in the hands. She reports that she is having low back pain with radiation of pain into the left leg. She reports that she is able to drive, grocery shop, pick up light bags, attend concerts, and go to restaurants and movies. She is able to dress herself and cook. Her medications include Tramadol, Klonopin, Gabapentin and Lidocaine patches. On physical examination the injured worker has no tenderness to palpation or kyphosis of the cervical spine. Her cervical spine range of motion is normal and she has negative neural foraminal compression tests bilaterally. She has no tenderness to palpation or curvature of the thoracic and lumbar spine. Her lumbar spine range of motion is within normal limits and she has bilateral upper and lower extremity strength. She has negative bilateral seated and supine straight leg raise tests. The diagnoses associated with the request include cervicgia. The treatment plan includes Gabapentin, Tramadol and Lidoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 800mg #90 with 2 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

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

**Decision rationale:** According to the MTUS guidelines, Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar Radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have cervical cord compression and Radiculopathy. The use of Gabapentin for related symptoms is appropriate and medically necessary.

**Lidoderm patches 5% #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

**Tramadol 50mg #180 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 93-94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain scores and trends were not noted. Failure of Tricyclic or Tylenol was not noted. Future response cannot be determined. The Tramadol with 2 refills is not medically necessary.