

Case Number:	CM15-0143244		
Date Assigned:	08/06/2015	Date of Injury:	02/28/2008
Decision Date:	09/30/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 60 year old male who sustained an industrial injury on 02-28-2008. The mechanism of injury was not mentioned. Treatment provided to date per the progress reports included: medications; and conservative therapies and care. No diagnostic testing was available for review, and no results were mentioned. There were no noted comorbidities or other dates of injury noted. On 07-01-2015, physician progress report noted complaints of low back pain. The pain was rated as 5.5 out of 10 in severity with medications, and 7 out of 10 without medications. Additional complaints included poor sleep quality. Current medications include Oxycodone, gabapentin, Lidoderm patches, and Abilify which were reportedly working well with no side effects. The injured worker stated that he was able to perform activities of daily living and be more functional with the aide of medications. The physical exam revealed a severely depressed appearance, slowed wide-based gait with assistive device, restricted range of motion (ROM) in the lumbar spine limited by pain, tenderness and spasms upon palpation of the paravertebral muscles on the right side, positive straight leg raise at 30° on the right, slightly decreased EHL (extensor hallucis longus) motor strength on the right, and slightly decreased dorsi-flexor, ankle planter flexor and knee extensor motor strength on the right. The injured worker was noted to have assumed a lateral decubitus position with the knee flexed to 90°, slight abduction of the femur with hip extension to its limit and with the pelvis stabilized, produced no significant discomfort. This was noted to be a sign of iliotibial tract contracture associated with trochanteric bursitis or snapping syndrome. The provider noted diagnoses of lumbar radiculopathy and lumbar spine degenerative disc disease. Plan of care includes continue medications, and follow-

up in 8 weeks. The injured worker's work status was permanent and stationary. The request for authorization and IMR (independent medical review) includes: gabapentin 600mg #90, ibuprofen 600mg #60, 5% Lidoderm patch #1, and Oxycodone HCL 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), & Antiepilepsy drugs (AEDs) Page(s): 49 & 16-21.

Decision rationale: According to California MTUS Guidelines, Anti-Epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Gabapentin (Neurontin) is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of AEDs is a 30-50% reduction in pain. The MTUS states; "A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. A lack of response of this magnitude may indicate the need for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails." In this case, the injured worker has been taking gabapentin (Neurontin) for several months with no significant measurable improvement in pain or function documented with this medication. Without evidence of improvement, the guidelines recommend changing to a different first-line agent (TCA, SNRI or AED) or a combination of therapy. Therefore, gabapentin (Neurontin) 600mg #90 is not medically necessary.

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroid anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications & NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, & 67-73.

Decision rationale: MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The MTUS recommends NSAIDs as the first line of treatment to reduce pain so the activity and functional restoration can resume or improve, but is not recommended as a long-term treatment option. Upon review of the medical documentation submitted, it has noted that the injured worker has been taking ibuprofen intermittently for several months with no

evidence of functional improvement, decreased pain, increased activity levels, or reduction in dependency on medical services. Therefore resulting in no changes in the injured workers pain levels or functional ability with the use of ibuprofen when compared to when he was not taking ibuprofen. Based on these findings, we have determined that the requested ibuprofen 600mg #60 is not medically necessary.

Lidoderm 5% patch one: 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 rationale: According to the California MTUS Guidelines (2009), topical Analgesics, such as the Lidoderm 5% Patch, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids or antidepressants. Lidoderm is the brand name for a lidocaine patch. The Lidoderm patch has been designated for orphan status (granting special status approval to a drug or biological product) by the FDA for neuropathic pain. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Additionally, this medication is not generally recommended for treatment of myofascial pain/trigger points. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, medical necessity of the Lidoderm patch has not been established, as there is no diagnosis or evidence of post-herpetic neuralgia. Additionally, this medication is not recommended for myofascial pain or trigger points. Although, the injured worker has exhibited evidence of neuropathic pain and has previously been prescribed gabapentin, this medication is only recommended for the treatment of localized peripheral and neuropathic pain. Moreover, the injured worker has been prescribed this medication recently and there is no documented evidence of decreased pain or improvement in function. As such, the requested 5% Lidocaine patch #1 is not medically necessary.

Oxycodone Hcl 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 111-113.

Decision rationale: OxyContin is the brand name of a time-release formula of the analgesic chemical Oxycodone, which is also an opioid. Opioid drugs are available in various dosage

forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. MTUS discourages long-term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends that opioids should be discontinued when there is no overall improvement in function, unless there are extenuating circumstances. The injured worker reported that his medications reduce his pain from 8 out of 10 to 5 out of 10, allow him to stand or sit for 30 minutes versus 5 minutes, and walk around the house for 5 to 10 minutes per day versus being bedridden. This had not changed since the earliest progress report (dated 03-2015). This demonstrates that there has been no overall measurable improvement in function or decrease in pain while taking this medication over the last several months. As such, Oxycodone HCL 5mg #60 is not medically necessary.