

<b>Case Number:</b>	CM15-0149548		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	12/14/2006
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Texas, New York, California  
 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 14, 2006. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve a request for lidocaine ointment while partially approving a request for gabapentin. The claims administrator referenced an RFA form received on July 10, 2015 in its determination. The claims administrator did apparently approve requests for Celebrex and Protonix outright, it was incidentally noted. The applicant's attorney subsequently appealed. On June 24, 2015, the applicant reported ongoing complaints of neck and low back pain with radiation of pain to the right upper extremity and bilateral feet. 7/10 pain with medications versus 10/10 without medications was reported. The applicant reported superimposed issues with gastroesophageal reflux disease with reflux, medication-induced. The applicant reported that activities of daily living as basic as self care, personal hygiene, ambulating, gripping, grasping, and sleeping remained problematic despite ongoing medication consumption. The applicant had undergone a recent cervical facet injection, it was reported. The attending provider stated in one section of the note that gabapentin was "not effective". The applicant had undergone earlier failed lumbar spine surgery, the treating provider acknowledged. The applicant had also undergone a spinal cord stimulator implantation with subsequent removal, the treating provider also noted. Additionally, the applicant had undergone a shoulder arthroscopy, it was reported. The applicant was not working, it was acknowledged. A lumbar discogram was sought. Celebrex, Neurontin, and Protonix were renewed. Lidocaine ointment and Lyrica were also prescribed. The

applicant's complete medication list included Protonix, Neurontin, Celebrex, Norco, lidocaine ointment, and Lyrica, it was reported. Prescriptions for lidocaine ointment and Lyrica were framed as first-time requests.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidocaine ointment 2% 120gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Medications for chronic pain Page(s): 112; 60.

**Decision rationale:** No, the request for a lidocaine ointment was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant was given a first-time prescription for Lyrica, an anticonvulsant adjuvant medication, on June 24, 2015, effectively obviating the need for the lidocaine ointment in question. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that only one medication should be given at a time, with a trial given for "each individual medication". Here, thus, the attending provider's decision to furnish the applicant with two new or first-time prescriptions on the same date, June 24, 2015, thus, ran counter to the philosophy espoused on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

#### **Gabapentin 300mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

**Decision rationale:** Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant remained off work and it was reported on the date in question, June 24, 2015. The attending provider and/or the applicant had explicitly stated that gabapentin was "not effective". Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.