

Case Number:	CM15-0149640		
Date Assigned:	08/12/2015	Date of Injury:	08/28/2013
Decision Date:	09/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/03/2015

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 45 year old female, who sustained an industrial injury on August 28, 2013. She reported injury to the left arm. The injured worker was diagnosed as having left wrist strain. Treatment to date has included diagnostic studies, physical therapy, medication, Lidocaine patch, acupuncture and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Notes stated that she uses the Lidocaine patch with 50% reduction in her pain and tingling. On July 16, 2015, the injured worker complained of left wrist pain rated as a 6-7 on a 1-10 pain scale. She also complained of tingling in her elbow and dorsal wrist. Symptoms were noted to be unchanged. Notes stated that she failed treatment with physical therapy, acupuncture, medications, time, Gabapentin and use of the TENS unit. The treatment plan included lidocaine patch 5% two times a day. On July 23, 2015, Utilization Review non-certified the request for Lidoderm patch 5% # 60 with three refills and Gabapentin 300mg #90 with no refills, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #60 times 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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 claimant had been on topical Lidoderm for several months. The request for continued and long-term use of Lidoderm patches with 3 refills as above is not medically necessary.

Gabapentin 300mg #90 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16, 18 and 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 not have the stated conditions approved for Gabapentin use. Prior Gabapentin use was not effective. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.