

Case Number:	CM15-0161754		
Date Assigned:	08/27/2015	Date of Injury:	05/01/2002
Decision Date:	09/30/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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: California, Indiana, New York
Certification(s)/Specialty: 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:

This 63 year old woman sustained an industrial injury on 5-1-2002 after she was a pedestrian struck by a motorcycle which left her unconscious. She received immediate medical attention including x-rays, a head CT scan, and suturing. Further evaluations include an undated lumbar spine MRI. Diagnoses include intractable lumbar spine pain, lumbar radiculopathy, and bilateral ankle tendinosis. Treatment has included oral medications, Toradol injections, chiropractic care, and physical therapy. Physician notes from pain management consultation dated 7-28-2015 show complaints of lumbar spine pain and stiffness rated 8 out of 10 with radiation to the bilateral hips, buttocks, and bilateral lower extremities with numbness and tingling and bilateral feet and ankle pain rated 8 out of 10. Recommendations include Anaprox, Flexeril, Neurontin, Prilosec, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% #30 with five refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are intractable lumbar pain; lumbar radiculopathy; and bilateral ankle tendinosis. Date of injury is May 1, 2002. Request for authorization is dated July 30, 2015. The medical record contains 47 pages. According to a March 11, 2015 progress note (by the non-requesting provider), no medications were listed. According to a June 27, 2015 progress note by another non-requesting provider, the current list of medications include cyclobenzaprine, Neurontin, Naprosyn, lorazepam, Restoril, fluoxetine, and Buspirone. According to a July 28, 2015 progress note by the requesting provider (pain management), the worker's complaints include low back pain that radiates to the hip 8/10. Objectively, there is tenderness palpation with spasm lumbar spine and decreased range of motion. Neurologic evaluation is grossly normal. There is no documentation of failed first-line neuropathic medications. The documentation does not demonstrate objective functional improvement to support ongoing Lidoderm. The duration of use is not specified in the medical record (no start date identified in the medical record). Additionally, five refills are not clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed first-line neuropathic medications (anticonvulsants and antidepressants), no documentation demonstrating objective functional improvement and no start date identified in the medical record, Lidoderm 5% #30 with five refills is not medically necessary.

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiepileptics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 300 mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are intractable lumbar pain; lumbar radiculopathy; and bilateral ankle tendinosis. Date of injury is May 1, 2002. Request for authorization is dated July 30, 2015. The medical record contains 47 pages. According to a March 11, 2015 progress note (by the non-requesting provider), no medications were listed. According to a June 27, 2015 progress note by another non-requesting provider, the current list of medications include cyclobenzaprine, Neurontin, Naprosyn, lorazepam, Restoril, fluoxetine, and Buspirone. According to a July 28, 2015 progress note by the requesting provider (pain management), the worker's complaints include low back pain that radiates to the hip 8/10. Objectively, there is tenderness palpation with spasm lumbar spine and decreased range of motion. Neurologic evaluation is grossly normal. There is no documentation demonstrating objective functional improvement. The start date is not identified in the medical record and the total duration of use is not identified. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement, Neurontin (Gabapentin) 300 mg #90 is not medically necessary.

Flexeril 5mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 5mg #30 with 5 refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are intractable lumbar pain; lumbar radiculopathy; and bilateral ankle tendinosis. Date of injury is May 1, 2002. Request for authorization is dated July 30, 2015. The medical record contains 47 pages. According to a March 11, 2015 progress note (by the non-requesting provider), no medications were listed. According to a June 27, 2015 progress note by another non-requesting provider, the current list of medications include cyclobenzaprine, Neurontin, Naprosyn, lorazepam, Restoril, fluoxetine, and Buspirone. According to a July 28, 2015 progress note by the requesting provider (pain management), the worker's complaints include low back pain that radiates to the hip 8/10. Objectively, there is tenderness palpation with spasm lumbar spine and decreased range of motion. Neurologic evaluation is grossly normal. There is no documentation demonstrating objective functional improvement to support ongoing Flexeril. The start date is not identified in the medical record and the total duration of use is not identified. Additionally, Flexeril is recommended as a second

line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The duration of use is not specified medical record. The treating provider also requested five refills. Five refills exceeds the recommended guidelines for short-term (less than two weeks) use. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and treatment continued in excess of the recommended guidelines for short-term use (less than two weeks), Flexeril 5mg #30 with 5 refills is not medically necessary.