

<b>Case Number:</b>	CM15-0167584		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 56 year old female, who sustained an industrial injury on 9-15-11. The injured worker is undergoing treatment for chronic neck, shoulder, back and arm and leg pain and restless leg syndrome. Medical records dated 7-28-15 indicates the injured worker complains of neck and back pain and restless leg syndrome. She indicates, "the sample of Horizant has been really helpful with restless leg syndrome." The treating physician indicates the combination of Prozac and Abilify "has really kept her mood under control." "Norco continues to bring her pain from 9 out of 10 down to 6 out of 10. We also switched from ibuprofen to Celebrex." She reports "a lot less" stomach upset and improved pain relief. She reports Lidoderm patches have helped in the past with some of her pain and neuropathic symptoms. A physical exam note dated 6-25-15 indicates cervical, lumbar and lumbosacral tenderness to palpation with trapezius spasm on the left and paresthesias down both arms and legs, "but she states it has been improved with the Horizant and Norco." Physical exam dated 7-28-15 notes only "the patient is in no acute distress today. She has a positive attitude." Treatment to date has included psychiatric treatment, Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, Horizant trial, Lidoderm patches, Norco, Prozac, ibuprofen, Abilify and Zanaflex. The original utilization review dated 8-18-15 indicates the request for Norco 10-325mg #180, Prozac 20mg #60, Abilify 2mg #30 with 3 refills and Celebrex 200mg #30 is certified, Horizant 600mg #30 with one refill is modified to Horizant 600mg #30 with no refills noting restless leg syndrome and need for documented improvement to continue treatment and Lidoderm patch #30 with 3 refills is non-certified noting lack of documentation of postherpetic neuralgia.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Horizant 600mg #30 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Horizant (Gabapentin enacarbil ER).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**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. Furthermore, the treatment duration was longer than recommended (several years). The claimant was getting adequate pain control with Norco. Gabapentin is not medically necessary.

### **1 prescription of Lidoderm patch #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**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 was getting adequate pain control with oral medications. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.