

<b>Case Number:</b>	CM15-0168706		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	12/05/2005
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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

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 injured worker is a 53 year old, male who sustained a work related injury on 12-5-05. The diagnoses have included thoracic or lumbosacral neuritis-radiculitis, cervicgia, brachial neuritis-radiculitis and skin sensation disturbance. He is currently being treated for headaches, cervical pain and lumbar pain. Treatments in the past include TENS unit therapy, oral medications, and completion of 4 out of 8 chiropractic treatments (he states pain increased after these treatments). Current treatments include TENS unit therapy (he states this aggravates right leg pain) and medications. Medications he is currently taking include Pantoprazole, Dilantin, Celebrex, Lidocaine patches, Lamotrigine and Nortriptyline. In the progress notes dated 7-30-15, the injured worker reports lower back pain and left leg pain and head pain-aches. He rates his pain a 10 out of 10. He describes the pain as aching, sharp and stabbing. The pain radiates to the right arm, right forearm, right hand left thigh, left leg and left left foot. Pain is associated with difficulty in ambulation, headache, numbness in left leg, it is starting to radiate to the right leg all the way down to his toes. The pain is made worse with lying on affected side, movement of the injured part and prolonged walking. Symptoms are relieved with medications and rest. He states the medications are helping with the pain and he is tolerating them well. Pain level drops to 8 out of 10 with medication use. He states the medications allow him to concentrate more easily so he can get out of bed and to perform chores and run errands. Sleep quality is poor. On physical exam, cervical range of motion is flexion and extension at 5 degrees and right and left lateral rotation is 10 degrees. He has tenderness of cervical paravertebral muscles on both sides. He has tenderness over C2-C7 spinous processes. Lumbar range of motion is reduced by pain with

flexion and extension limited to 5 degrees. Lumbar paravertebral muscles are tender. He has tenderness over L1-L5 spinous processes. Straight leg raises with both legs are positive at 30 degrees in sitting position. All muscles tested in the arms and legs for strength are 3 out of 5. He is not working. The treatment plan includes refills of medications and for a functional restoration program evaluation. The Request for Authorization, dated 7-30-15, requests Dilantin 100mg #105, Celebrex 100mg #60 and Lidocaine 5% patch #30. The Request for Authorization, dated 8-3-15, requests an initial evaluation for a functional restoration program. The Utilization Review, dated 8-11-15, non-certified a Functional Restoration Program stating, "since an alternative diagnosis and potential treatment options were unknown, a Functional Restoration Program is not indicated." In regards to Dilantin 100mg #105, "the rationale and benefit for this treatment was not apparent. Therefore, this request is non-certified." As for Celebrex 100mg #60, "the rationale and benefit from Celebrex was not apparent. Therefore, this request is non-certified." As for the Lidocaine 5% patch 700mg #30, "despite radiating symptoms, there is lack of documentation of failed first line therapy. Therefore, this request is non-certified."

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

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

#### **Functional Restoration Program: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs).

**Decision rationale:** Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. Functional Restoration Program is not medically necessary.

#### **Dilantin 100mg #105: 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): Anti-epilepsy drugs (AEDs).

**Decision rationale:** The MTUS states that Dilantin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Dilantin 100mg #105 is not medically necessary.

**Celebrex 100mg #60:** 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. The attending physician noted that there was no change in the patient's symptoms since 2011. Celebrex 100mg #60 is not medically necessary.

**Lidocaine 5% patch 700mg #30:** 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): Topical Analgesics.

**Decision rationale:** The MTUS recommends lidocaine patches only 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). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidocaine 5% patch 700mg #30 is not medically necessary.