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| Case Number: | CM15-0169496 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 10/18/2009 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/04/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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: 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 57 year old female, who sustained an industrial injury on 10-18-09. The injured worker has complaints of neck pain radiating to her right shoulder and right upper extremity and low back pain radiating to her bilateral lower extremities worse on the right side. The documentation noted on 7-14-15 there is tenderness to lumbar, thoracic and cervical paraspinal muscles. Straight leg raise on right lower extremity is positive at 45 degrees and there is decreased sensation to right L4 and L5 dermatomes compared to the left side. Cervical spine was tender to palpation on bilateral upper trapezius and cervical paraspinal muscles. Shoulder elevation abduction test is positive. Compression test produces discomfort and spurling test is positive bilaterally. The diagnoses have included neck pain with radicular symptoms to bilateral upper extremities worse on her right side; cervical paraspinal muscle spasm and upper thoracic paraspinal muscle spasm. Magnetic resonance imaging (MRI) of the lumbar spine on 5-3-13 showed disc protrusion at the level of L5-S1 (sacroiliac), L4-L5, L3-L4 and L2-L3 with neuroforaminal stenosis. Treatment to date has included Norco for breakthrough pain; Tizanidine for muscle relaxation; gabapentin for neuropathic pain; compound analgesic cream and lumbar epidural steroid injection on 6-16-14 with significant improvement in her low back that lasted for about a month. The original utilization review (8-4-15) denied the request for gabapentin 300mg #30 and flurbiprofen 20%, lidocaine 5% 180gm. The request for Tizanidine 2mg #30 was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30: Overturned

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): Antidepressants for chronic pain.

Decision rationale: According to the MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for chronic neuropathic pain. Gabapentin is considered first line in the treatment of chronic neuropathic pain. In this case, the injured worker is followed for chronic neuropathic pain. Utilization Review non-certified this medication noting the topical medication guidelines. However, this medication is being prescribed in an oral formulation and is supported. The request for Gabapentin 300mg #30 is medically necessary and appropriate.

Flurbiprofen 20%/Lidocaine 5% 180gm: 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: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Per the MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request for Flurbiprofen 20%/Lidocaine 5% 180gm is not medically necessary and appropriate.