

<b>Case Number:</b>	CM15-0180484		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	06/19/2009
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Washington, 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 37 year old female who sustained an industrial injury on 6-19-09. She had burned skin and required skin grafting. Diagnoses include: status post 23% body surface area burns, extensive scarring of the abdomen and lower extremities, chronic depression, probable post traumatic stress syndrome, chronic right knee pain, chronic low back pain, history of substance abuse in the past including alcohol and methamphetamine and tobacco dependency. Progress report dated 7-22-15 reported complaints of pain in her flanks and all the skin graft areas, occasional lower back pain and right knee pain, the back pain that shoots from her back to her legs. She has occasional pain in both legs and pain in her skin grafts that shoot into the lower back and both legs on average about two weeks out of the month. Plan of care included: request plastic surgeon for extensive scarring on her abdomen, request psychologist for psychotherapy and psychiatrist for psychotropic medication, request MRI for lumbar spine and right knee, start gabapentin 300 mg three times per day, will give lidoderm pain patches, request abdominal pressure garment, will give Tylenol 500 mg 1 three times per day and recommend discontinue ibuprofen. Work status: limited duty status maximum of 4 hours per day, three days per weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #90 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 Chapter (Chronic): Lidoderm (2015).

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

**Decision rationale:** Lidoderm (lidocaine) patch is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Since this patient has neuropathic pain use of lidocaine is considered an option for therapy but the MTUS restricts its use to after a trial of first-line medication therapies such as tricyclic antidepressants or antiepileptic drugs. This patient has had a prior trial of gabapentin, an antiepileptic drug, but the medication was stopped. She has now been restarted on gabapentin at the same time as the request to start Lidoderm. If gabapentin is adequate to control her pain then the patient would not need Lidoderm but if both medications are started at the same time it would be difficult to understand which agent was responsible for giving the patient pain relief. In this situation there is no immediate indication for use of Lidoderm; use should be dependent upon effectiveness of first-line agents before initiation. Medical necessity has not been established. The request is not medically necessary.

**Gabapentin 300mg 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** Gabapentin (Neurontin) is classified as an anticonvulsant (anti-epilepsy) drug used to treat epilepsy, migraines, bipolar disorder and the management of alcohol dependence. It is also recommended as a first line treatment for neuropathic pain although the literature to support its use comes mostly from studies of postherpetic neuralgia and diabetic polyneuropathy. A response to anti-epileptic medication in controlling pain in patients with neuropathic pain has been defined as a 30-50% reduction in pain. Studies looking at the efficacy of gabapentin suggests when used with opioids, patients used lower doses of medications and had better analgesia. Of note, the MTUS recommends if this medication is to be changed or stopped it be weaned in order to avoid precipitating a seizure (based on studies with epileptic patients). This patient has neuropathic pain and has used gabapentin in the past. However, the MTUS also recommends when starting/restarting this medication a 5-10 week trial be given to allow for appropriate titration and documentation of its effectiveness. The request for this medication for this patient does not follow this recommendation. Medical necessity for the

requested dosage and frequency of use of gabapentin has not been established. The request is not medically necessary.

**Tylenol 500mg #180 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

**Decision rationale:** Tylenol (acetaminophen) is a non-aspirin pain reliever and a fever reducer. Its mechanisms of action are still not well understood. It is considered the safest nonprescription medication for mild to moderate pain when prescribed in the recommended dosing. It is available over-the-counter and in a variety of strengths. The MTUS considers acetaminophen a first-line medication for chronic pain and recommends the individual maximum individual dose of 1000 mg with the daily total use not to exceed 4000 mg in 24 hours. This patient has moderate chronic pain and use of acetaminophen is a therapeutic option. As this patient has a history of alcohol abuse, caution should be used when prescribing this medication to ensure no liver damage from combination of acetaminophen with alcohol. Medical necessity has been established. The request is medically necessary.