

<b>Case Number:</b>	CM15-0188188		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 53 year old female, who sustained an industrial injury on 4-11-2014. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for lumbar sprain and strain, left lower extremity radiculopathy, and left sacroiliac sprain. On 8-17-2015, the injured worker reported ongoing low back and left lower extremity pain, which is unchanged. His left lower extremity pain was described as cramping, burning, aching, and soreness. His pain was rated 5-6 out of 10. Per the treating physician (8-17-2015 report). The injured worker was using Lidoderm patches and was better able to do housework, cooking and dishes, laundry, bathing and self-care, dressing. She had improved participation in home exercise program, able to work, and an improved sleep pattern, also. The physical exam (8-17-2015) revealed tenderness of the lumbar spine paravertebral muscles and left sciatic, positive straight leg raise with increased low back pain radiating to the left buttock and posterior thigh, and deep tendon reflexes: trace bilateral knees, 2+ right ankle, and 1+ left ankle. There was decreased sensation of the left lower leg and foot consistent with L5 (lumbar 5) and S1 (sacral 1). There was flexion of 46 and extension of 11. On 2-6-2015, a CT of the lumbar spine revealed 3-4 millimeter broad-based disc protrusion at L5-S1 (lumbar 5-sacral 1) and moderate facet arthropathy at L4-S1 (lumbar 4-sacral 1) causing mild to moderate neural foraminal stenosis. Treatment has included a home exercise program, a home transcutaneous electrical nerve stimulation (TENS) unit, off work, work restrictions, and medications including oral pain (Norco) and topical pain (Lidoderm patches since at least 3-2015). Per the treating physician (8-17-2015 report), the injured worker underwent prior acupuncture treatment, but the dates and results of treatment were not included in the provided

medical records. Per the treating physician (8-17-2015 report), the injured worker was working with restrictions that included no lifting over 10 pounds and allow him to stand or walk 5 minutes after 30 minutes sitting. On 8-17-2015, the requested treatments included Lidoderm 5% patch, Qty 30; Neurontin 300 mg Qty 90; and 4 acupuncture visits. On 8-28-2015, the original utilization review non-certified requests for Lidoderm 5% patch, Qty 30; Neurontin 300 mg Qty 90; and 4 acupuncture visits.

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

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

**Lidoderm 5% patch, Qty 30, apply 1 patch daily: 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 are not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

**Neurontin 300 mg Qty 90, 1 by mouth 3 times daily: 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): Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation BMJ. 2015 Apr 16; 350:h1748. doi: 10.1136/bmj.h1748. Epidural steroid injections compared with gabapentin for lumbosacral radicular pain: multicenter randomized double blind comparative efficacy study. Cohen SP1, Hanling S2, Bicket MC3, White RL4, Veizi E5, Kurihara C6, Zhao Z7, Hayek S8, Guthmiller KB9, Griffith SR10, Gordin V11, White MA12, Vorobeychik Y13, Pasquina PF14. J Back Musculoskelet Rehabil. 2009;22(1):17-20. doi: 10.3233/BMR-2009-0210. Gabapentin monotherapy in patients with chronic radiculopathy: the efficacy and impact on life quality. Yildirim K1, Deniz O, Gureser G, Karatay S, Ugur M, Erdal A, Senel K.

**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 have radiculopathy. As noted in the referenced article, Neurontin can provide improved quality of life and provide equal to superior benefit as an ESI. The request for the Neurontin is medically necessary.

**Acupuncture, 4 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant underwent an unknown amount of acupuncture session without information regarding therapy response. Acupuncture is considered an option and not a medical necessity. The request for additional 4 sessions of acupuncture is not medically necessary.