MAXIMUS Federal Services

Case Number:	CM15-0188314		
Date Assigned:	09/30/2015	Date of Injury:	02/14/2009
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	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: California, North Carolina
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 33 year old female, who sustained an industrial injury on February 14, 2009, incurring neck, face teeth and back injuries. She was diagnosed with a right mandibular fracture, cervical strain, cervical degenerative disc disease cervicogenic headaches, lumbar strain, lumbar degenerative disc disease and lumbar radiculitis. Treatment included pain medications, anti-inflammatory drugs, neuropathic medications, Lidoderm patches, medial branch blocks, six acupuncture sessions, physical therapy, transcutaneous electrical stimulation unit, and activity restrictions. Currently, the injured worker complained of persistent pain in the neck and back rated 8 out of 10 on a pain scale from 1 to 10. She complained of temporal headaches and jaw pain. She noted continued low back pain with numbness in her left leg and left foot interfering with activities and exercising. On February 20, 2014, a computed tomography of the brain revealed no acute findings. On March 2, 2015, a Magnetic Resonance Imaging of the cervical spine revealed cervical disc protrusions. The treatment plan that was requested for authorization on September 24, 2015, included a prescription for Neurontin 100 mg #90 with 6 refills and a prescription for Lidoderm 5% patch #60 with 6 refills. On September 3, 2015, a request for a prescription for Neurontin 100 mg, #90 with 6 refills was modified to 1 refill, and a request for a prescription for Lidoderm 5% patch #60 with 6 refills was modified to 1 refill by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #90 with 6 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: CA MTUS Guidelines state that Neurontin (Gabapentin) is an anticonvulsant medication recommended as a first-line treatment for neuropathic pain. In this case, the request is for Neurontin 100 mg (#90) with 6 refills. The patient experienced the side effect of drowsiness with Neurontin, so the dosage was decreased to 100 mg tid with instructions to follow-up in 1 month. The request for the equivalent of a 7-month supply of Neurontin is excessive, due to the necessity of monitoring the patient's side effects and potentially further adjusting the dosage/frequency or discontinuing the medication due to intolerance. The patient should have periodic monitoring over the next 7 months to insure tolerance and efficacy.

Therefore, the request is not medically necessary or appropriate.

Lidoderm 5% patch #60 with 6 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): Topical Analgesics.

Decision rationale: Ca MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Lidoderm is an option for neuropathic pain when trials of first-line agents such as antidepressants and anticonvulsants have failed. The patient is taking an anticonvulsant, however she is experiencing the side effect of dizziness. A good response to Lidoderm patches is noted in the medical records, however a 1-month supply (#60) with 6 refills (7 month supply) is excessive. The patient should have periodic monitoring over the 7-month period to insure efficacy and tolerability. Therefore, the request is not medically necessary or appropriate.