

Case Number:	CM15-0197998		
Date Assigned:	10/13/2015	Date of Injury:	09/10/2009
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55 year old female with an industrial injury date of 12-01-2010. Medical record review indicate she is being treated for spasm of muscle, mood disorder, cervical pain, cervical radiculopathy, shoulder pain, lumbar radiculopathy and low back pain. Subjective complaints (08-06-2015) included lower backache and bilateral shoulder pain. The injured worker rated her pain with medications as 6 out of 10 and 10 out of 10 without medications. The treating physician indicated the injured worker did not report any change in location of pain. No new problems, side effects or injuries were reported. The treating physician noted the injured worker was taking her medications as prescribed and that medications were working well with no side effects reported. The treating physician noted the medication regimen was allowing the injured worker to participate in activities of daily living with improved capability to sit for 15 minutes or longer. Her current medications (08-06-2015) are documented as Oxycodone, Ibuprofen, Lidoderm patch (at least since 03-07-2015), Prilosec (at least since 03-07-2015), Rozerem, Gabapentin (at least since 03-07-2015), Zolof and Clonazepam. Discontinued medications are listed as Depakote (syncope), Lithium (no response), Saphris, Fanapt (lethargic weight gain,) Sertraline, Latuda (excess sedation and weight gain), Pristiq ("possibly induced expansive mood, unstable mood, impulsivity"), Seroquel (ataxia, sleepwalking, overeating), Ambien, Lunesta, Elavil, Abilify (sleepwalking) and Trazadone. Prior treatment included lumbar epidural steroid injection administered on 05-22-2015 bringing her pain level to 6 out of 10 from 9 out of 10 before the injection; medications, physical therapy, acupuncture, psychotherapy,

behavioral pain management and functional restoration. Physical exam (08-06-2015) noted restricted range of motion of the cervical and lumbar spine. Right shoulder revealed decreased range of motion with positive Hawkins, Empty can and Speed test. On 09-09-2015 utilization review issued the following decision for the treatments requested: Prilosec 40 mg Qty 30 with 3 refills - non-certified, Lidoderm 5% patch, Qty 30 with 3 refills - modified to Lidoderm 5% patch Qty 30 with 2 refills, Gabapentin 300 mg Qty 210 with 3 refills - modified to Gabapentin 300 mg Qty 210 with 2 refills.

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 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics and Other Medical Treatment Guidelines UpToDate.com, Lidocaine (topical).

Decision rationale: Chronic Pain Medical Treatment Guidelines state "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics." ODG further details, "Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Medical documents provided do not indicate that the use would

be for post-herpetic neuralgia. Additionally, treatment notes did not detail other first-line therapy used and what the clinical outcomes resulted. As such, the request for Lidoderm 5% patch, Qty 30 with 3 refills is not medically necessary at this time.

Gabapentin 300 mg Qty 210 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "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". Based on the clinical documentation provided, there is evidence of neuropathic type pain on exam and subjectively. The treating physician documents improvement of the neuropathic pain with Gabapentin. As such, the request for Gabapentin 300 mg Qty 210 with 3 refills is medically necessary.

Prilosec 40 mg Qty 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or(4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has

having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regiment. As such, the request for Prilosec 40 mg Qty 30 with 3 refills is not medically necessary.