

<b>Case Number:</b>	CM15-0199184		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	07/15/2002
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 40 year old female, who sustained an industrial injury on 7-15-2002. The injured worker is undergoing treatment for: lumbago, lumbar sprain and strain, lumbar facet syndrome, neck pain, lumbar degenerative disc disease. On 6-9-15 and 9-1-15, she reported neck and low back pain rated 7 out of 10 and without medications 10 out of 10. Her activity level is indicated to remain the same. Objective findings revealed analgic and slowed gait, neck with restricted range of motion, tenderness and tight muscle band noted in the sides of the neck, tenderness in the paracervical and trapezius muscles, positive spurling's maneuver, lumbar spine with restricted range of motion, tenderness and tight muscle band and positive lumbar facet loading, negative straight leg raise, and tenderness over the right trochanter. She indicated Neurontin to have been helpful with neuropathic pain. She is reported to be able to perform household tasks such as laundry and self-care for 30-45 minutes at a time with medications, and without medications, she would be able to perform these same tasks for 10 minutes at a time. The treatment and diagnostic testing to date has included: medications, electrodiagnostic studies (3-21-2003, 8-14-2013), multiple physical therapy sessions, QME (11-6-2003), AME (10-11-2004), lumbar epidural steroid injection (December 2011) reported as giving her 50 percent pain relief and lasting approximately 2 weeks, magnetic resonance imaging of the lumbar spine (6-3-11), bilateral foot surgery (5-2-2012), TENS. Medications have included: Vicodin, Neurontin, Lidoderm patches, Vioxx, Soma, Effexor, Trazodone, Prozac, Ultram, and Flexeril. The records indicate she has been utilizing Lidoderm patches since at least April 2012, possibly longer; and Neurontin since at least June 2013, possibly longer. Current work status: permanent and

stationary, not working. The request for authorization is for: Neurontin 600mg quantity 90, Lidoderm 5 percent patches quantity 30, L5-S1 lumbar epidural steroid injection, one referral to pain psychologist. The UR dated 9-14-15: modified Neurontin 600mg quantity 21; non-certified the requests for Lidoderm 5 percent patches quantity 30, L5-S1 lumbar epidural steroid injection, and one referral to pain psychologist.

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

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

**Neurontin 600mg #90:** Upheld

**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) Gabapentin (Neurontin).

**Decision rationale:** Gabapentin (Neurontin) is an anti-epilepsy drug (AED) which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. In this case, there is no documentation of neuropathic pain. In addition, there is no documentation of subjective or objective findings to continue the use of Neurontin. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.

**Lidoderm 5% Patch #30:** 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): Topical Analgesics.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics, such as Lidoderm patches, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are 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. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In this case, the patient has diagnoses of lumbar facet syndrome, lumbar degenerative disc disease, and neck pain. Medical necessity of the requested medication has not been established. The requested topical analgesic is not medically necessary.

**L5-S1 Lumbar Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural steroid injections (ESIs).

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has shown that, on average, less than two injections are required for a successful ESI outcome. ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. CA MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Other criteria for ESIs include, no more than 2 nerve root levels to be injected using transforaminal blocks, or more than one (1) intralaminar level injected per session. In this case, there are no objective findings on physical exam or corroborating diagnostic findings of radiculopathy. MTUS and ODG guidelines do not support treatment with lumbar ESIs in the absence of radiculopathy. Medical necessity for the requested service has not been established. The requested L5-S1 epidural steroid injection is not medically necessary.

**Referral to Pain Psychologist: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and

permanent residual loss and/or, the injured worker's fitness to return to work. The CA MTUS recommends psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). In this case, the patient had a referral to a psychologist in October 2014. This patient continues to have chronic pain and depression. Medical necessity for the requested service has been established. The requested service is medically necessary.