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| Case Number: | CM15-0206095 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 02/14/2009 |
| Decision Date: | 12/14/2015 | UR Denial Date: | 10/07/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 34-year-old female, with a reported date of injury of 02-14-2009. The diagnoses include neck pain, cervical disc injury, cervical spondylosis without myelopathy, lumbar sacral strain, left TMJ (temporomandibular joint), and right mandibular fracture. The follow-up evaluation report dated 10-05-2015 indicates that the injured worker had neck pain, which was rated 7 out of 10; headaches, rated 10 out of 10; and low back pain, rated 7-8 out of 10. She reported that she continued to have brain sensations in the occipital as well as the left lower extremity. It was noted that Neurontin (Gabapentin) helped to decrease the dysesthesias and headaches. It was also noted that Lidoderm 5% was helpful. The low back pain was indicated to be worse with prolonged standing, heavy lifting, and bending; and the neck pain was worse with using a phone. The physical examination showed intact stability on the right cervical spine; moderate tenderness over the right C4-5 and C5-6 levels; complete cervical range of motion in all directions, except for left rotation at 75 degrees with moderate pain on the left; slight pain upon right rotation of the cervical spine; slight pain upon extension of the cervical spine; bilateral seated straight leg raise at 90 degrees; normal motor strength throughout both lower extremities; moderate pain over the bilateral L5-S1 and bilateral sacroiliac joint region; and complete lumbar spine range of motion in all directions with slight pain upon extension, left lateral flexion, and left rotation. On 09-28-2015, it was noted that the injured worker remained permanent and stationary. The diagnostic studies to date have included an MRI of the cervical spine on 03-02-2015 which showed approximately 20% height loss of the C6 vertebral body, degenerative disc disease at C2-3 through C7-T1, posterior annular fissure at C4-5, uncovertebral

hypertrophy at C5-6 and C6-7, and mild bilateral neural foraminal narrowing at C5-6. Treatments and evaluation to date have included Acetaminophen-Tramadol, Lidoderm patches (since at least 06-2015), Gabapentin (since at least 03-2015), Amitriptyline, TENS unit, cervical medial branch block (minimal relief), Toradol injection, and acupuncture. The treating physicians requested Gabapentin 100mg #60 with two refills and Lidoderm patch 5% #30 with two refills for the right side of the neck. On 10-07-2015, Utilization Review (UR) modified the request for Gabapentin 100mg #60 with two refills to Gabapentin 100mg #60 with no refills and Lidoderm patch 5% #30 with two refills to Lidoderm patch 5% #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60 With 2 Refills: 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 rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "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." Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Per the documentation submitted for review, it was noted that gabapentin helped to decrease dysesthesias and headache; however, there was no evidence of improvement in function. It was also noted that it gives her a hangover effect the next morning. As such, medical necessity cannot be affirmed. Furthermore, the requested 3 month supply is not medically necessary as it does not allow for timely reassessment of efficacy.

Lidoderm Patch 5% #30 With 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch

(Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review indicate that the injured worker has failed gabapentin as it causes drowsiness. Lidoderm is indicated for the injured worker's neuropathic pain, however, the request for 3 month supply is not medically necessary as it does not allow for timely reassessment of efficacy.