

Case Number:	CM15-0022722		
Date Assigned:	02/12/2015	Date of Injury:	05/27/2005
Decision Date:	03/26/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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
 Certification(s)/Specialty: Emergency 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:

This 49-year-old female reported a work-related injury on 5/27/2005. According to the progress report from the treating provider dated 1/20/2015, the injured worker reports persistent low back pain extending down both legs. The diagnoses include chronic low back pain with bilateral lumbar radicular pain/sciatica, status post lumbar decompression and fusion L3 to L5 with hardware removal, possible sacroiliac joint mediated pain with sclerosis of the sacroiliac joints, possible angular instability above fusion site, facet arthropathy above and below fusion site, transitional segment L5-S1 and chronic opioid medication management. Previous treatments include medications, epidural steroid injections, physical therapy and surgery. The treating provider requests Lidoderm patch 5%, quantity 30 with two refills and Gabapentin 300mg, quantity 90 with two refills. The Utilization Review on 1/28/2015 non-certified the request for Lidoderm patch 5%, quantity 30 with two refills; the request for Gabapentin 300mg, quantity 90 with two refills was modified, denying refills. CA MTUS guidelines were cited as references.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Pages 56-57 Page(s): 56-57.

Decision rationale: The requested Lidoderm patch 5% #30 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has low back pain extending down both legs. The treating physician has documented positive bilateral straight leg raising tests. The treating physician has not documented failed first-line therapy or documented functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm patch 5% #30 with 2 refills is not medically necessary.

Gabapentin 300mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Pages 16-18 Page(s): 16-18.

Decision rationale: The requested Gabapentin 300mg #90 with 2 refills, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage." The injured worker has low back pain extending down both legs. The treating physician has documented positive bilateral straight leg raising tests. The treating physician has not documented the medical necessity for refills of this medication without documented functional improvement from a trial. The criteria noted above not having been met, Gabapentin 300mg #90 with 2 refills is not medically necessary.