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| Case Number: | CM15-0025596 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 11/26/2013 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 01/29/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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: Physical Medicine & Rehabilitation

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 58 year old male who sustained an industrial injury on 11/26/13. The injured worker reported symptoms in the back. The diagnoses included lumbosacral sprain. Treatments to date include physical therapy, oral opioid analgesic, ice/heat application, bracing, chiropractic treatments, and acupressure massage treatment. In a progress note dated 1/22/15 the treating provider reports the injured worker was with "decreased range of motion with forward flexion up to mid tibial region." On 1/23/15, Utilization Review non-certified the request for Gabapentin 100 milligrams #60 and Lidopro 121 grams. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The 58 year old patient presents with intermittent low back pain rated at 4/10, as per progress report dated 01/22/15. The request is for GABAPENTIN 100 mg # 60. There is no RFA for this case, and the patient's date of injury is 11/26/13. The patient has been diagnosed with lumbosacral strain, as per progress report dated 01/22/15. The patient is working with restrictions, as per progress report dated 12/23/14. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and posttherapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Gabapentin is first noted in progress dated 12/23/14, and the patient is taking the medication at least since then. In progress report dated 01/22/15, the treater states that the patient reports significant improvement with Gabapentin. The patient is tolerating the medication well without side effects. Sleep improved with taking Gabapentin, the treater states. While the treater discusses the impact, there is no documentation of neuropathic pain for which Gabapentin indicated. Hence, the request IS NOT medically necessary.

Lidopro 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The 58 year old patient presents with intermittent low back pain rated at 4/10, as per progress report dated 01/22/15. The request is for LIDOPRO 121 gm. There is no RFA for this case, and the patient's date of injury is 11/26/13. The patient has been diagnosed with lumbosacral strain, as per progress report dated 01/22/15. The patient is working with restrictions, as per progress report dated 12/23/14. The MTUS has the following regarding topical creams (p111, chronic pain section): 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. In this case, prescription for Lidopro is noted in progress report dated 01/22/15. The treater does not explain the purpose of this lotion but asks the patient to discontinue the use if side effects occur. However, MTUS guidelines do not support any other formulation Lidocaine other than topical patches. This request IS NOT medically necessary.