

Case Number:	CM15-0210692		
Date Assigned:	10/29/2015	Date of Injury:	09/12/2006
Decision Date:	12/16/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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 61 year old male, who sustained an industrial injury on 9-12-2006. The injured worker was being treated for lumbar postlaminectomy syndrome. The injured worker (6-24-2015) reported lower back pain radiating to the bilateral lower extremities, which is stable with treatment. He rated his pain as 6 out of 10. The treating physician (7-16-2015) noted the injured worker had continued radiation into the bilateral lower extremities and continued taking Gabapentin for lower extremity neuropathic pain. The treating physician (8-20-2015) noted the injured worker continues taking Gabapentin for lower extremity neuropathic pain. The physical exam (6-24-2015, 7-16-2015, and 8-20-2015) revealed an antalgic gait. The injured worker (10-1-2015) reported ongoing low back and leg pain. The medical records (10-1-2015) did not include documentation of the subjective pain ratings. There was no physical exam recorded for 10-1-2015. Surgeries to date have included several back surgeries. Treatment has included psychotherapy, a home exercise program, and medications including anti-epilepsy (Gabapentin since at least 10-2014) and topical pain (Lidocaine 5% patch and Voltaren 1% topical gel since at least 10-2014). The requested treatments included Gabapentin 300mg, Lidocaine 5% patch, and Voltaren 1% topical gel. On 10-20-2015, the original utilization review non-certified requests for Gabapentin 300mg, Lidocaine 5% patch, and Voltaren 1% topical gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90 with 5 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." With regard to medication history, the injured worker has been using this medication since at least 3/2015. 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." The documentation submitted for review did not contain evidence of improvement in function. As such, the request is not medically necessary and cannot be affirmed. Furthermore, the requested six month supply is not appropriate, as it does not allow for timely reassessment of medication efficacy.

Lidocaine 5% patch #90 with 5 refills: Overturned

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. I respectfully disagree with the UR physician's assertion that the injured worker has not trialed first-line therapy. The injured worker has been treated with gabapentin. The guidelines do not call for failure of first-line therapy. The request is indicated for the injured worker's lower extremity neuropathic pain. The request is medically necessary.

Voltaren 1% topical gel 100g with 5 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: With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.