

Case Number:	CM15-0222461		
Date Assigned:	11/18/2015	Date of Injury:	03/07/2011
Decision Date:	12/31/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/12/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 39 year old male who sustained an industrial injury on 3-7-11. Provider documentation dated 2-18-15 noted, "The patient had been given Neurontin in the past for arm paresthesia, but since this medicine was not sufficient in controlling his numbness, he was started on LidoPro." Treatment has included Neurontin since at least June of 2014 and LidoPro since at least February of 2015. Objective findings were not provided. Provider documentation dated 10- 27-15 noted "The patient has tried taking less of this medication, but his paresthesias worsened significantly." The original utilization review (10-22-15) denied a request for Lidoderm patches #60, DOS: 10-15-15 and Neurontin 600mg #90, DOS: 10-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #60, DOS: 10/15/15: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The MTUS Guidelines support the use of topical lidocaine in treating localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for initial treatment of chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation indicated the worker was experiencing arm tingling. The submitted records did not include treating provider notes referring to the date of service in the request. In the absence of such evidence, the current request for sixty topical lidocaine 5% patches for the date of service 10/15/2015 is not medically necessary.

Neurontin 600mg #90, DOS: 10/15/15: 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: Neurontin (gabapentin) is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted documentation indicated the worker was experiencing arm tingling. The submitted records did not include treating provider notes referring to the date of service in the request. In the absence of such evidence, the current request for 90 tablets of Neurontin (gabapentin) 600mg for the date of service 10/15/2015 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.