

Case Number:	CM15-0039114		
Date Assigned:	03/09/2015	Date of Injury:	05/22/2013
Decision Date:	04/17/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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: Internal 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 41-year-old female, who sustained an industrial injury on 5/22/2013. She reported an injury when lifting a bag. The injured worker was diagnosed as having lumbago. Treatment to date has included conservative measures, including diagnostics, medications, chiropractic, physical therapy, and lumbar brace. Currently, the injured worker complains of constant back pain, rated 10/10, and reported to cause anxiety and depression. Lumbar magnetic resonance imaging, dated 8/13/2013, showed disc extrusion at L5-S1, with obliteration of the right lateral recess and compression of the transversing right S1 nerve root. Medications included Tylenol, Aleve, and Ibuprofen. Physical exam noted decreased lumbar range of motion and intact sensation to upper and lower extremities. Motor testing noted 4/5 left extensor hallucis longus. Pain was documented upon palpation over the left iliac crest. The treatment plan included medication for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #42, one by mouth daily 1st week, 1 by mouth two times a day 2nd week, 1 by mouth three times a day 3rd week: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs) / anti-convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page 18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records documented neuropathic pain. The progress report dated 1/13/15 documented the patient has neuropathic pain. The patient has low back pain and radiculopathy. Lumbar magnetic resonance imaging demonstrated extrusion with abutment of the S1 nerve root. The medical records and MTUS guidelines support the medical necessity of Gabapentin. Therefore, the request for Gabapentin is medically necessary.

Lidoderm patches 5%: 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 (Lidocaine patch) Page 56-57. Topical Analgesics Page 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Lidoderm patches is not medically necessary.