

Case Number:	CM15-0041209		
Date Assigned:	03/12/2015	Date of Injury:	12/09/2009
Decision Date:	04/21/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	03/04/2015

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 59-year-old male who sustained a work related injury on December 9, 2009, incurring back injuries after lifting a dolly onto a trailer. He was diagnosed with lumbar disc disease with radiculopathy in the right lower extremity. Treatment included medications, pain medications, Transcutaneous Electrical Nerve Stimulation (TENS) and physical therapy. Currently, the injured worker complained of chronic lumbar pain with tingling down through the buttock. Treatment included home exercise program, Transcutaneous Electrical Nerve Stimulation (TENS), epidural steroid injections, and medications. Authorization was requested for Gabapentin, Lidoderm Patch, Cyclobenzaprine and Gabapentin capsules.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 46, 56-57, 63-64,74-97, 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with shoulder pain and low back pain that radiates into right buttock. The request is for GABAPENTIN 300MG #60. Patient's diagnosis per Request for Authorization form dated 01/19/15 includes spinal lumbar degenerative disc disease and spasm of muscle. Patient's medications include Gabapentin, Lidoderm patch, Cyclobenzaprine and Tramadol. Patient uses TENS for flare-ups and is on home exercise program. The patient is permanent and stationary, per treater report dated 01/08/15. 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 postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Gabapentin is prescribed for neuropathic pain in the bilateral lower extremities. Gabapentin is included in patient's medications per treater reports dated 06/02/14, 11/13/14, and 01/08/15. Patient's pain is rated 5/10 with and 8/10 without medications. Per treater report dated 01/08/15, current medication regimen "optimizes function and activities of daily living [the patient] feels his current pain medications are not providing adequate pain control and would like to increase dose of medications, have previously attempted to taper these medications in the past however patient had severely increased pain as well as decreased activity tolerance." The request appears to be in accordance with guidelines. Therefore, the request IS medically necessary.

Lidoderm 5% Patch 700mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 18, 46, 56-57, 63-64, 74-97, 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocainemedications for chronic pain Page(s): 56-57, 112, 60.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with shoulder pain and low back pain that radiates into right buttock. The request is for LIDODERM 5% PATCH 700MG #30. Patient's diagnosis per Request for Authorization form dated 01/19/15 includes spinal lumbar degenerative disc disease and spasm of muscle. Patient's medications include Gabapentin, Lidoderm patch, Cyclobenzaprine and Tramadol. Patient uses TENS for flare ups and is on home exercise program. The patient is permanent and stationary, per treater report dated 01/08/15. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." Lidoderm patch is prescribed for topical analgesia and neuropathic pain down bilateral lower extremities. Lidoderm patch is included in patient's medications per treater reports dated 06/02/14, 11/13/14, and 01/08/15. Patient's pain is rated 5/10 with and 8/10 without medications. Per treater report dated 01/08/15, current medication regimen "optimizes function and activities of daily living [the patient] feels his current pain medications are not providing adequate pain control and would like to increase dose of medications, have previously attempted to taper these medications in the past however patient had severely

increased pain as well as decreased activity tolerance." However, there is no documentation of how Lidoderm patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, Lidoderm patches are indicated for localized peripheral pain, which treater has not documented, and are not indicated for shoulder or low back conditions. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 18, 46, 56-57, 63-64, 74-97, 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with shoulder pain and low back pain that radiates into right buttock. The request is for CYCLOBENZAPRINE 7.5MG #60. Patient's diagnosis per Request for Authorization form dated 01/19/15 includes spinal lumbar degenerative disc disease and spasm of muscle. Patient's medications include Gabapentin, Lidoderm patch, Cyclobenzaprine and Tramadol. Patient uses TENS for flare ups and is on home exercise program. The patient is permanent and stationary, per treater report dated 01/08/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Flexeril (Cyclobenzaprine) is prescribed for muscle spasm in low back and bilateral lower extremities. Cyclobenzaprine is included in patient's medications per treater reports dated 06/02/14, 11/13/14, and 01/08/15. Patient's pain is rated 5/10 with and 8/10 without medications. Per treater report dated 01/08/15, current medication regimen "optimizes function and activities of daily living., [the patient] feels his current pain medications are not providing adequate pain control and would like to increase dose of medications... have previously attempted to taper these medications in the past however patient had severely increased pain as well as decreased activity tolerance." However, patient has already been prescribed Cyclobenzaprine at least since 06/02/14, which is 8 months from UR date of 02/07/15. Furthermore, the request for additional quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Gabapentin Capsules 300mg # 240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 46, 56-57, 63-64, 74-97, 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with shoulder pain and low back pain that radiates into right buttock. The request is for GABAPENTIN CAPSULES 300MG #240. Patient's diagnosis per Request for Authorization form dated 01/19/15 includes spinal lumbar degenerative disc disease and spasm of muscle. Patient's medications include Gabapentin, Lidoderm patch, Cyclobenzaprine and Tramadol. Patient uses TENS for flare ups and is on home exercise program. The patient is permanent and stationary, per treater report dated 01/08/15. 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 postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Gabapentin is prescribed for neuropathic pain in the bilateral lower extremities. Gabapentin is included in patient's medications per treater reports dated 06/02/14, 11/13/14, and 01/08/15. Patient's pain is rated 5/10 with and 8/10 without medications. Per treater report dated 01/08/15, current medication regimen "optimizes function and activities of daily living [the patient] feels his current pain medications are not providing adequate pain control and would like to increase dose of medications, have previously attempted to taper these medications in the past however patient had severely increased pain as well as decreased activity tolerance." The request appears to be in accordance with guidelines. Therefore, the request IS medically necessary.