

Case Number:	CM15-0045670		
Date Assigned:	03/18/2015	Date of Injury:	05/08/2014
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

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: Arizona, California, Florida
 Certification(s)/Specialty: Family Practice

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 55-year-old male who reported an injury on 05/08/2014. There mechanism of injury was the injured worker was trying to push a box onto shelves and the ladder he was standing on tilted back. The injured worker fell to the floor falling on the concrete. The injured worker indicated when he tried to stand, his legs trembled and he tripped over a 5 gallon container. The injured worker indicated his vision was blurry and he was seeing green dots and flashing lights. Prior therapies included acupuncture. There was a request for authorization submitted for review dated 02/20/2015. The documentation of 02/20/2015 revealed the injured worker continued to experience chronic neck and mid back pain. The sleep was manageable. The TENS unit was noted to be helpful for managing pain. The injured worker took no pain medications other than gabapentin 300 mg due to elevated LFTs. Gabapentin was noted to be helpful for managing neuropathic pain. The injured worker had utilized acupuncture and found it mildly helpful. The objective examination revealed tenderness to palpation in the cervical paraspinal muscles, right greater than left, with hypertonicity and tenderness to palpation in the thoracolumbar paraspinal muscles. The diagnoses included cervical degenerative disc disease, contusion right wrist, cervical sprain and strain of the neck, and contusion thoracic, myofascial pain and severe neural foraminal stenosis with cervical radiculopathy. The treatment plan included a refill of gabapentin 300 mg 3 times a day, aquatic therapy x12 to improve symptoms, cervical epidural steroid injection for cervical radicular pain, bilateral shoulder MRI to rule out shoulder pathology, tendinitis and tear, and evaluation and treatment with psychiatrist to treat depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 300 mg #90 is not medically necessary.

Lidopro 121 Gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=LidoPro>.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety & are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin/lidocaine/menthol/methyl salicylate. The clinical documentation submitted for review indicated the injured worker was utilizing gabapentin and, as such, there was a lack

of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for LidoPro 121 gm is not medically necessary.