

<b>Case Number:</b>	CM15-0053993		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/22/2015

### 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: Preventive Medicine, Occupational 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 55-year-old female, who sustained an industrial injury on 12/3/2013. The mechanism of injury was not provided for review. The injured worker was diagnosed as having cervical degenerative disc disease with radiculopathy, regional myofascial pain and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, acupuncture, steroids and medication management. It is clearly documented that she has failed to respond to medications. In a progress note dated 2/5/2015, the injured worker complains of pain in the neck, low back and right arm. The treating physician is requesting Gabapentin and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs Page(s): 17-19.

**Decision rationale:** MTUS Guidelines support the use of Gabapentin when there is reported to be a meaningful pain relief of 30% or more. Without this degree of pain relief use of alternative or combinations are recommended. There is no evidence of pain relief from the current use of Gabapentin. Under this circumstance, the Gabapentin 300mg #60 with 5 refills is not supported by Guidelines and is not medically necessary.

**Lidoderm 5% patch #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Guidelines support the use of topical Lidoderm when there is a localized peripheral neuropathic pain syndrome. Its use for a radiculopathy is not supported by Guidelines and there is no unusual circumstances such as moderate pain relief of functional improvements that would support an exception to Guidelines. The Lidoderm 5% patch #60 is not medically necessary.