

Case Number:	CM15-0056988		
Date Assigned:	04/01/2015	Date of Injury:	08/03/2012
Decision Date:	05/07/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/25/2015

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: New Jersey

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 63 year old female, who sustained an industrial injury on 8/3/12. She reported neck and back spasms. Numbness and tingling in bilateral hands and fingers was noted. Back pain and difficulty gripping and grasping was also noted. The injured worker was diagnosed as having discogenic cervical condition, headaches, impingement syndrome of the right shoulder, right lateral epicondylitis, wrist joint inflammation, right first extensor tenosynovitis, and discogenic lumbar condition with radicular component down the right left. Treatment to date has included a facet injection with relief at L4-5 and L5-S1 and first extensor release on the right side. Other treatment included TENS, a left epicondyle injection in July 2014, and 24 chiropractic treatments. MRI results were noted to include C3-7 disc disease, right shoulder tendinosis and AC joint wear, scapholunate ligament tear on the right wrist, and 3 level lumbar disc disease. Nerve studies of the upper and lower extremities were performed and were noted to be unremarkable. Currently, the injured worker complains of right medial epicondyle tenderness, rotator cuff tenderness, and limited motion of the wrist and thumb. The treating physician requested authorization for retrospective requests for the date of service 2/3/15 including Neurontin 600mg #90, Norflex 100mg #60, and Lidopro cream. The treating physician noted Lidopro cream can be used with massage in the area of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 2/3/2015): Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was vague evidence for persistent neuropathic pain on top of non-neuropathic pain, which would warrant using Neurontin as long as it is effective at reducing pain and neuropathic symptoms. However, there was no recent report of how this medication was affecting the overall symptoms or how it affected the worker's functional levels directly, which would be required in order to justify continuation. Therefore, the request for continuation of Neurontin will be considered medically unnecessary until this evidence of benefit can be provided for review.

Retrospective request (DOS 2/3/2015): Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was evidence of chronic use of muscle relaxants leading up to this request for Norflex, which is not recommended for chronic use. Also, there was no evidence to suggest the worker was experiencing an acute flare up of muscle spasm to justify a short course of Norflex, which this request is not (#60 pills). Therefore, the Norflex will be considered medically unnecessary.

Retrospective request (DOS 2/3/2015): Lidopro cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. LidoPro (capsaicin /lidocaine/menthol/methyl salicylate) was prescribed to this worker in this case. In the case of this worker, there was use of LidoPro for her chronic neuropathic pain. However, there was no documentation which showed the worker failing Neurontin or other first-line therapies before considering LidoPro. Also, there was no documentation to show benefit of LidoPro use on pain levels or functional outcome in a measurable way. Without this clear evidence of benefit and appropriateness, the LidoPro will be considered medically unnecessary at this time.