

<b>Case Number:</b>	CM15-0081612		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female who sustained an industrial injury on January 19, 2012. She has reported bilateral knee pain and has been diagnosed with status post right total knee arthroplasty, right common peroneal neuralgia, and right knee enthesopathies. Treatment has included surgery, injection, and medications. Currently the injured worker showed medial and lateral soft tissue tenderness on the right. The treatment request included gabapentin, Lidoderm, and right knee common peroneal neuralgia nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg, 1 every 8 hours #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), p16-18.

**Decision rationale:** The claimant is more than three years status post work-related injury and continues to be treated for right knee pain. She underwent a right total knee replacement and is being treated for a diagnosis of possible CRPS. She underwent a lumbar sympathetic block on 03/18/15 with a reported greater than 60% pain relief and increased function. When seen, her response to the injection was noted. She had pain rated at 3/10. Physical examination findings included joint line tenderness and positive patellar compression. Medications include gabapentin being prescribed at a total dose of 900 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is not consistent with recommended guidelines and therefore continued prescribing at this dose cannot be considered medically necessary.

**Lidoderm 5 percent 1 every 12 hours on/off #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant is more than three years status post work-related injury and continues to be treated for right knee pain. She underwent a right total knee replacement and is being treated for a diagnosis of possible CRPS. She underwent a lumbar sympathetic block on 03/18/15 with a reported greater than 60% pain relief and increased function. When seen, her response to the injection was noted. She had pain rated at 3/10. Physical examination findings included joint line tenderness and positive patellar compression. Medications include gabapentin being prescribed at a total dose of 900 mg per day. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.

**Right knee common peroneal nauralgia nerve block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/000791.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) CRPS, sympathetic blocks (therapeutic).

**Decision rationale:** The claimant is more than three years status post work-related injury and continues to be treated for right knee pain. She underwent a right total knee replacement and is

being treated for a diagnosis of possible CRPS. She underwent a lumbar sympathetic block on 03/18/15 with a reported greater than 60% pain relief and increased function. When seen, her response to the injection was noted. She had pain rated at 3/10. Physical examination findings included joint line tenderness and positive patellar compression. Medications include gabapentin being prescribed at a total dose of 900 mg per day. Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. In this case, there are no clinical examination findings that support a diagnosis of CRPS and the claimant's medication management is suboptimal. Additionally, sympathetic blocks are not a standalone treatment. Therefore the requested repeat block is not medically necessary.