

Case Number:	CM14-0116197		
Date Assigned:	09/16/2014	Date of Injury:	01/15/2008
Decision Date:	10/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 01/15/08. Neurontin and Lidoderm patches are under review. On 06/26/14, he complained of increased spasms and myofascial pain in his neck and shoulders. He also had pain in his knees that was worse on the right side with occasional swelling. He was noting benefited from his pain medication which included Opana ER, Neurontin, Lidoderm 5% patch, and Flexeril. He had moderate tenderness and spasm in the bilateral paracervical musculature and upper trapezius musculature. Cervical compression test was positive for radicular pain into the right upper extremity and he had diffuse shoulder tenderness bilaterally. Continuation of his medications was recommended. He has received multiple medications including Opana ER, Naproxen, Flexeril, Neurontin, Omeprazole, Lidoderm patch, Cymbalta, Trazodone, and Lunesta. On 02/04/14, he saw a provider and had persistent paracervical muscle pain and spasms extending to the trapezium region and into the mid scapular region. He was doing bike riding for exercise. He had significant muscle spasms and myofascial trigger points about the cervical region and shoulders and tightness in the low back. He was diagnosed with left upper extremity radicular symptoms and had nerve conduction velocity evidence of bilateral carpal tunnel syndrome. On 03/04/14, he was using Lidoderm and Neurontin. He was status post trigger point injections at the last visit. He was improving psychologically. He was to continue Neurontin but the Lidoderm patches are not mentioned. On 04/01/14, he was using multiple medications including Neurontin and Lidoderm patch when necessary. One of his diagnoses has been left upper extremity radicular symptoms but these symptoms are not described. A urine drug screen revealed the presence of Trazodone, Oxymorphone/Oxycodone and Marijuana. On 05/01/14, he continued his medications. There was significant psychiatric overlay. He had tenderness about the neck with restricted range of motion and paresthesias in the right upper extremity. He was diagnosed, however, with left upper extremity radicular

complaints. On 05/27/14, he was still using Opana ER, Neurontin, Lidoderm patch and baclofen. He was using marijuana as a prescription. His pain on the left was not as significant as on the right but he was having left arm increased neuropathic pain. There was hypersensitivity to pinwheel on the left arm in the C5-C7 distribution pattern. On 06/26/14, he was taking Opana ER, Neurontin, Lidoderm patch, and Flexeril along with outside medications. He had increased spasms and myofascial pain in his neck and shoulders. He could not perform any physical exercise activities with his upper extremities. He had pain in his knees and left ankle. He reported benefit from his pain medication. He was using Neurontin and Lidoderm patches for neuropathic pain. Cervical compression test was positive for radicular pain into the right upper extremity. He was diagnosed with left upper extremity radicular symptoms. On 08/26/14, he was upset because he was getting denials on his medication. He was having extreme difficulty with sleep and increased anxiety and pain levels. He was unable to ride his bike and was becoming very mentally unstable. He was agitated. He was diagnosed with chronic myofascial pain and left upper extremity radicular symptoms as before. His medications were continued but the Lidoderm was not mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194, Chronic Pain Treatment Guidelines AEDs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 83.

Decision rationale: The history and documentation do not objectively support the request for Neurontin 600 mg #60. The MTUS state "gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which 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." In this case, the claimant appears to have primarily myofascial complaints. He has had trigger point injections with unknown results. He has carried a diagnosis of left upper extremity radicular symptoms and sometimes right upper extremity pain has been described but the symptoms have not been described as being in a specific radicular pattern. He has myofascial complaints involving his neck, shoulders, and upper back. There is no evidence of diabetic neuropathy or postherpetic neuralgia and it is not clear how the diagnosis of neuropathy was made. The benefit to the claimant of the use of Neurontin has not been described and the anticipated benefit to him of continuing this medication is unclear. There is no documentation of pain control or improved function that appears to be specifically associated with the use of gabapentin. The medical necessity of this request has not been demonstrated.

Lidoderm Patch # 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-252, Chronic Pain Treatment Guidelines Lidoderm patch, Topical Analgesics Page(s): 56,111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Lidoderm patches #30. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of multiple other medications. He has reported benefit from the use of medications and increased pain without them. However, the specific benefit to him of the use of Lidoderm patches and the anticipated benefit of continued use have not been described. The medical necessity of this request has not been clearly demonstrated.