

<b>Case Number:</b>	CM14-0160207		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/13/2005
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 50-year-old female who has submitted a claim for migraine, meralgia paresthetica, sacroiliitis, lumbar spondylosis, post-laminectomy lumbar, and lumbar or thoracic radiculopathy associated with an industrial injury date of September 13, 2005. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain and lower extremity pain. The patient reports two distinct pains, one a sharp pain in the right lumbosacral/buttock region and the other a burning in her thigh and dorsal foot. There was numbness and tingling but no weakness or loss of bowel or bladder function. Examination showed tenderness at the thoracic spinous processes, positive Yeoman's sign, positive sacroiliac compression test, decreased regional sensitivity to touch (location not specified), and decreased lumbar ROM. Lumbar myelogram and CT of the lumbar spine conducted on 2/28/2011 showed an impression of "status post midline decompression laminectomy L4 and L5 with anterior and posterior fusion procedures at L4-5 and L5-S1. No residual central canal or bony foraminal stenosis." An MRI from 2014 shows her L4, 5 and L5, S1 fusion with scar tissue in the L5, S1 neural foramen. Treatment to date has included three prior back operations, physical therapy, epidural injections and medications such as gabapentin (since at least June 2014), cyclobenzaprine, Sumavel, Impart, lisinopril and hctz. Utilization review from September 24, 2014 denied the request for topical lidocaine patch #30, gabapentin 300mg #180, sumatriptan injectable 1 box 6 units, and hydrocodone 7.5/325mg #120. The request for lidocaine patch was denied because there was no documentation of a failure of a trial of first-line therapy for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Lidocaine Patch #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Lidoderm (Lidocaine Patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lidoderm (lidocaine patch)

**Decision rationale:** According to pages 56-57 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. According to the ODG, the criteria for use of Lidoderm patches include: (a) an evidence of localized pain that is consistent with a neuropathic etiology, (b) an evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica), (c) a diagnosis that is not osteoarthritis or myofascial pain/trigger points, (d) an evidence of an attempt to determine a neuropathic component of pain if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms, (e) an area for treatment was designated as well as number of planned patches and duration for use (number of hours per day), (f) a previous trial of patch treatment for a short-term period (no more than four weeks), (g) no other medication changes are considered to be made during the trial period, and that (i) continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. In this case, the patient complained of pain with numbness and tingling supportive of neuropathic pain. She had a trial of first-line therapy in the form of gabapentin since at least June 2014. However, the area for treatment as well as the duration for use (number of hours per day) was not indicated in the request or the records provided. The criteria for use of Lidoderm patches according to the ODG were not met. Therefore, the request for topical lidocaine patch #30 is not medically necessary.

**Gabapentin 300mg #180: Overturned**

**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 9792.24.2., Anti-Epilepsy Drugs Page(s): 16-17.

**Decision rationale:** As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient complained of pain with numbness and tingling supportive of neuropathic pain. Gabapentin was prescribed since at least June 2014. Subsequent progress notes do not indicate that the patient is not tolerating the medication well. The patient has an indication for gabapentin use and no adverse

effect has been reported. Therefore, the request for gabapentin 300mg #180 is medically necessary.

**Sumatriptan injectable 1 box 6 units: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Sumatriptan)

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, Sumatriptan tablets, USP are indicated for the acute treatment of migraine attacks with or without aura in adults. In this case, the patient was reported to have migraine by a progress note dated 3/27/2014. He was being treated with Imitrex PO and SQ. However, more recent progress notes are silent about this complaint. The patient's current status in terms of her migraine diagnosis is therefore not known. Therefore, the request for sumatriptan injectable 1 box 6 units is not medically necessary.

**Hydrocodone 7.5/325mg #120: 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 Opioids, Ongoing Management Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of CHRONIC pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking hydrocodone for pain since at least January 2014. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for hydrocodone 7.5/325mg #120 is not medically necessary.