

<b>Case Number:</b>	CM14-0161383		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 42 year old female who reported an injury on 06/26/2011. Her mechanism of injury was lifting a coworker who had fallen. Her diagnoses include disc herniation, C5-6 with neurological deficits, musculo-ligamentous sprain/strain, cervical spine, and lumbar strain with multi-level degenerative disc disease. Her past treatments have included physical therapy, Interferential unit provided in Physical Therapy, chiropractic care, and medication. This injured worker had an MRI of the cervical spine performed on 01/22/2014, with report included, and 10/09/2012 which supported the diagnosis, and an X-ray of the cervical spine on 12/27/2013. Documentation from 03/31/2014 indicated no surgical history. As documented in a Physician's progress report of 10/08/2014 this injured worker complained of knee and neck pain with the neck pain being the worst. Her reported pain levels were 8/10 without medications and 6/10 with. She stated pain and tingling that radiates down the bilateral upper extremities, but stated the medications have been helpful. The healthcare provider documented findings of normal reflex, sensory and power testing to bilateral upper and lower extremities except for weakness (4/5) and numbness left C6. The range of motion for the cervical spine was decreased about 20%; she had a positive left Spurling's sign. The documentation from 09/03/2014 indicated the injured worker's home medications included naproxen and Neurontin. The documented on-site drug of abuse quick test was negative for drug use. The treatment plan included refill medication, obtain medical clearance, cervical decompression/fusion, and post-operative care. The Request for Authorization is included, dated 09/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Page(s): 111-112..

**Decision rationale:** According to MTUS Guidelines, Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an Anti-epilepsy drug such as gabapentin or Lyrica). Topical lidocaine, in the formulation of dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. The documented medications did not indicate any trials for antidepressants and anticonvulsants. Since these first-line medications were not used, the Lidoderm 5% patch request is not supported by the California MTUS guidelines. Therefore, the request for Lidoderm 5% patch, #30 is not medically necessary.

**Neurontin 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The California MTUS guidelines state Gabapentin is recommended for neuropathic pain after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. It is documented the injured worker's pain level decreased from an 8/10 to a 6/10. This is less than the expected 30-50% reduction. The medical records submitted do not include side effects, or improvement in function incurred with the use of Gabapentin. Additionally there is no medication frequency submitted with the request. In the absence of the above documentation the request is not supported by the evidence based guidelines. As such, the request for Neurontin 800mg #90 is not medically necessary.

**Ultram 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chapter Chronic Pain Control, pages Page(s): 17, 56, and 75..

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. Side effects include dizziness, nausea, constipation, headache, somnolence, flushing, pruritus, vomiting, insomnia, dry mouth, and diarrhea. It may also increase the risk of seizures. The

recommended dose is 50 to 100 mg every 4 to 6 hours (not to exceed 400mg/day). The guidelines also stated long term use longer than three months is not recommended. Ongoing review and documentation of pain relief, functional status, appropriated medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Documentation of 10/08/2014 indicates the injured worker stated a pain level 8/10 without medication and 6/10 without. There is no documentation regarding functional status, side effect, average pain, how long it takes for pain relief, or length of relief. In consideration of this lack of documentation regarding these points, the California guidelines do not support the request for Ultram 50mg #60. Incidentally, the frequency of use is not listed in the request. Therefore, the request for Ultram 50mg #60 is not medically necessary and appropriate.