

Case Number:	CM14-0097463		
Date Assigned:	07/28/2014	Date of Injury:	05/16/2006
Decision Date:	09/17/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 57 year old female with an injury date of 05/18/06. Based on 06/09/14 progress review provided by [REDACTED], M.D., the patient complains of neck pain, bilateral extremity pain and burning sensation at left superior trapezius muscle. Patient had trigger point injection of marcaine into left trapezius and tolerated procedure well. Progress report dated 01/06/14 states that patient had difficulty going to sleep sleeping 2-3 hours at a time and waking up most of the time due to pain. Patient is stable on current medication regimen and has not changed essential regimen in greater than six months. Function and activities of daily living improved optimally on current doses. Objective findings: Spine: Trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on right and left, and trapezius muscle left; Neck: tenderness is noted in the cervical spine and trapezius; Hand: Left: tenderness to palpation is noted over the bruise. 2cm ecchymosis at base of left hand/wrist, mild edematous. ROM normal. Negative grind test. Diagnosis:- wrist pain- spasm of muscle- cervical pain. Current medications: Seroquel, Norco, Lidoderm, Neurontin. Dr. [REDACTED] is requesting for 1.Norco 10/325mg QTY: 90, 2.Lidoderm 5% patch QTY: 60, 3.Neurontin 300mg QTY:60. The utilization review determination being challenged is dated 06/13/14. The utilization review letter mentions that "Norco was certified to allow opportunity for medication compliance". The rationale for Lidoderm is "there was no indication of failed trials of first-line recommendations of oral antidepressants or convulsants. There is no rationale for Neurontin. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 09/25/11 - 06/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: The patient presents with wrist pain, neck pain, upper trapezius muscle pain and difficulty going to sleep. The request is for Norco 10/325mg QTY:90. Per treater's report dated 06/09/14, there are trigger points with radiating pain and twitch response on palpation at cervical paraspinal muscles on right and left, and trapezius muscle left. The patient is stable on current medication regimen (which includes Norco) and has not changed essential regimen in greater than six months. Per treater's report dated 01/06/14, patient states that medications are working well and no side effects have been reported. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, while the treater provides a general statement that patient is stable on her current medication regimen (which includes Norco) without reported side effects, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Lidoderm 5% patch QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The patient presents with wrist pain, neck pain, upper trapezius muscle pain and difficulty going to sleep. The request is for Lidoderm 5% patch QTY 60. Per treater's report dated 06/09/14, there are trigger points with radiating pain and twitch response on palpation at cervical paraspinal muscles on right and left, and trapezius muscle left. The patient is stable on current medication regimen (which includes Neurontin/Gabapentin) and has not changed essential regimen in greater than six months. Per treater's report dated 01/06/14, patient states that medications are working well and no side effects have been reported. MTUS guidelines page 57 states, "topical lidocaine may be 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 AED such as Gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic

pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function." The patient has been taking Neurontin/Gabapentin in her medication regimen for more than 6 months. The patient has trigger points with radiating pain and twitch response are indicative of myofascial pain but no specific neuropathic pain is documented and no peripheral localized neuropathic pain that would warrant the use of lidoderm patches. Therefore the request is not medically necessary.

Neurontin 300mg QTY:60: 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 Gabapentin Page(s): 18-19.

Decision rationale: The patient presents with wrist pain, neck pain, upper trapezius muscle pain and difficulty going to sleep. The request is for Neurontin 300mg QTY:60. Per treater's report dated 06/09/14, there are trigger points with radiating pain and twitch response on palpation at cervical paraspinal muscles on right and left, and trapezius muscle left. Progress report dated 01/06/14 states that patient had difficulty going to sleep, sleeping 2-3 hours at a time and waking up most of the time due to pain. The patient is stable on current medication regimen (which includes Neurontin/Gabapentin) and has not changed essential regimen in greater than six months. Per treater's report dated 01/06/14, patient states that medications are working well and no side effects have been reported. MTUS pg.18,19 states "Gabapentin (Neurontin) 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.(Backonja, 2002) This RCT concluded that Gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life.(Backonja, 1998) Side-Effect Profile: Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, and dry mouth. (Eisenberg, 2007) Based on treater's progress reports, patient presents with neuropathic pain and has difficulty sleeping, which correlate with guidelines. Current medication which includes Neurontin is working well without side effects. The request therefore is medically necessary.