

Case Number:	CM14-0211600		
Date Assigned:	12/24/2014	Date of Injury:	08/19/2009
Decision Date:	02/27/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, 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:

This is a male patient with a date of injury of August 19, 2009. A utilization review determination dated November 22, 2014 recommends non-certification of Neurontin 600 mg #120 modified to #92, and Lidoderm patch 5% #30. A progress note dated November 7, 2014 identifies subjective complaints of low back pain with left greater than right lower extremity radicular symptoms. The patient has increased pain with light lifting, bending, stooping, sitting greater than 20 minutes, standing greater than 20 minutes, and walking greater than 20 to 30 minutes. The patient rates his pain as a 9 on a scale of 0-10. The patient describes his pain as severe, constant, dull, burning, pins/needles, stabbing, and aching. The physical examination reveals tenderness to palpation with hypertonicity and muscle guarding over the lumbosacral junction and bilateral paravertebral musculature, tenderness to palpation is present over the bilateral sciatic notches, straight leg raising test is positive bilaterally, and range of motion of the lumbar spine is limited. The diagnoses include lumbar spine musculoligamentous sprain/strain and bilateral lower extremity radiculitis with L4-5 and L5-S1 fusion, lumbar stenosis, status post spinal cord stimulator placement, failed back surgery syndrome, thoracic musculoligamentous sprain/strain with 2mm right disc protrusion, psychiatric and sleep complaints-deferred, abdominal/internal medicine complaints-deferred, and sexual dysfunction-deferred. The treatment plan recommends a request for authorization to start Nucynta ER 100 mg, Nucynta 50 mg for breakthrough pain, and Lidoderm patch 5% to be placed over the spinal cord stimulator unit. The treatment plan also recommends a refill on Neurontin, Trazodone, and continuation of Cymbalta and Lunesta. Additionally, the treatment plan recommends continuation of home

exercise/treatment with heat application, cognitive behavioral therapy program as a future consideration for pain management, and the patient is to follow up with the urologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for Neurontin 600mg #120, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Neurontin 600mg #120 is not medically necessary.

Lidoderm patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding request for Lidoderm (lidocaine) Patch 5% #30, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. As such, the currently requested Lidoderm (lidocaine) Patch 5% #30 is not medically necessary.