

<b>Case Number:</b>	CM15-0114070		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	11/22/2005
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 49 year old female, who sustained an industrial injury on 11/22/05. She has reported initial complaints of left arm injury. The diagnoses have included left upper extremity and left lower extremity Complex regional pain syndrome (CRPS). Treatment to date has included medications, diagnostics, activity modifications, psychiatric, injections, spinal cord implant, lumbar blocks, Functional Restoration Program, inpatient detox program, and physical therapy. Currently, as per the physician progress note dated 5/28/15, the injured worker complains of the left upper extremity and left lower extremity. She reports that with the assistance of the spinal cord stimulators, she has been able to avoid taking narcotic medications and has had significant relief of the left upper and lower extremity complaints. She reports anxiety and is noted to be emotional. She is noted to have allodynia of the left upper extremity and lower extremity and has decreased range of motion especially with the left upper extremity. The current medications included Gabapentin. There is no previous urine drug screen reports noted in the records. The physician requested treatments included Gabapentin 800 mg #120 with 11 refills and Topical Lidocaine 5% ointment/cream #5 tubes with 11 refills for Complex regional pain syndrome (CRPS) symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 800 mg #120 with 11 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 19.

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 800 mg #120 with 11 refills is not medically necessary.

**Topical Lidocaine 5% ointment/cream #5 tubes with 11 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 112.

**Decision rationale:** The MTUS recommends lidocaine cream only 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). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Topical Lidocaine 5% ointment/cream #5 tubes with 11 refills is not medically necessary.