

Case Number:	CM15-0123155		
Date Assigned:	07/27/2015	Date of Injury:	06/24/1985
Decision Date:	09/25/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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: Physical Medicine & Rehabilitation

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 68-year-old male, who sustained an industrial injury on 06/24/1985. He has reported subsequent neck, low back and shoulder pain and was diagnosed with discogenic lumbar condition with four-level disc disease and discogenic cervical condition with several level disc disease from C3-C7 with facet arthropathy. MRI of the lumbar spine in 2014 was noted to show facet changes at L4-L5 and disc disease from L2-S1 with bulges from L2 through S1 with facet arthropathy. Treatment to date has included oral pain medication, bracing, TENS unit and application of heat and cold. In a progress note dated 05/18/2015, the injured worker reported neck, low back and shoulder pain with radiation to the left lower extremity. Objective findings were notable for pain across the lumbar paraspinal muscles, pain along facet loading at L3-S1, more on the left side and positive straight leg raise at 40 degrees on the left. The injured worker was noted to be retired. A request for authorization of Lidoderm patches 5%, quantity of 60, Gabapentin 600 mg quantity of 30 and possible injection (unspecified) was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%, Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The current request is for Lidoderm patches 5%, Qty 60. The RFA is dated 05/18/15. Treatment to date has included oral pain medication, bracing, TENS unit and application of heat and cold. The patient is retired. MTUS Chronic pain guidelines page 56-57 regarding Lidoderm (lidocaine patch) 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." Per report 05/18/15, the patient reported neck, low back and shoulder pain with radiation to the left lower extremity. Objective findings were notable for pain across the lumbar paraspinal muscles, pain along facet loading at L3-S1, more on the left side and positive straight leg raise at 40 degrees on the left. The treater is requesting Lidoderm patches. Lidoderm patches are indicated for localized pain that is neuropathic. This patient presents with neck, shoulder and low back pain that radiates into the lower extremities. The patient does not meet the indication for this medication. This request is medically necessary.

Gabapentin 600 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: The current request is for Gabapentin 600 mg Qty 30. The RFA is dated 05/18/15. Treatment to date has included oral pain medication, bracing, TENS unit and application of heat and cold. The patient is retired. MTUS Guidelines pages 18-19 under Gabapentin has the following: Gabapentin (Neurontin, Gabarone, generic available) 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. MTUS Chronic Pain Guidelines under medications for chronic pain, page 60, states "A record of pain and function with the medication should be recorded when medications are used for chronic pain." Per report 05/18/15, the patient reported neck, low back and shoulder pain with radiation to the left lower extremity. Objective findings were notable for pain across the lumbar paraspinal muscles, pain along facet loading at L3-S1, more on the left side and positive straight leg raise at 40 degrees on the left. The treater is requesting a refill of Gabapentin for the patient's neuropathic pain. Progress reports 05/18/15, 04/13/15, 03/05/15, and 02/02/15 were provided for review. None of the reports discusses the efficacy of this medication, in terms of functional changes or decrease in pain. Given the lack of discussion regarding efficacy, the request is not medically necessary.

Possible injection (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The current request is for possible injection (unspecified). The RFA is dated 05/18/15. Treatment to date has included oral pain medication, bracing, TENS unit and application of heat and cold. The patient is retired. American College of Occupational and Environmental Medicine, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Per report 05/18/15, the patient reported neck, low back and shoulder pain with radiation to the left lower extremity. Objective findings were notable for pain across the lumbar paraspinal muscles, pain along facet loading at L3-S1, more on the left side and positive straight leg raise at 40 degrees on the left. The treater is "requesting referral to [REDACTED], pain management for injection." The requested referral and unspecified injection cannot not be supported without clarification as to what injection is being requested and to address which body part. Given the lack of specific discussion regarding the requested "possible injection," the request IS NOT medically necessary.