

<b>Case Number:</b>	CM15-0172373		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	10/10/2005
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 76 year old female who reported an industrial injury on 10/10/2005. Her diagnoses, and or impression, were noted to include: myalgia and myositis; and lumbar spinal stenosis. No current imaging studies were noted. Her treatments were noted to include: acupuncture and chiropractic treatment modalities (Feb-March, 2015); a home exercise program; medication management; and a return to full duty work, without restrictions. The progress notes of 6-24-2015 reported complaints which included: unchanged, continued and ongoing, intermittent, 8 out of 10, low back pain, neck pain and left lateral foot and ankle pain, that radiated from her back, most problematic at the end of the day; past treatment with multiple epidural steroid injections that were not at all helpful; that she wanted further interventions and pain medications in order to help her with the pain; that medication which she knew helped were Gabapentin, Lidocaine cream and Voltaren Gel; and that she was frustrated that these medications had not been authorized since her previous evaluation. The objective findings were noted to include: no acute distress; mild tenderness in the left cervical para-spinal region and levator scapulae, with noted trigger points; significant tenderness in the right lumbar para-spinal lumbar 3-4 distribution; specific degrees of lumbar range-of-motion, with full range-of-motion in the cervical spine; and positive lumbosacral radiculopathy. The physician's requests for treatments, and-or plans were noted to include: his high recommendation for her to obtain the following medications as soon as possible: Lidocaine Patches and Voltaren Gel in order to help her with topical pain solutions for pain; for Lidocaine cream and-or patches for further treatment, to help her avoid sedative effects and avoid systemic side effects; and Gabapentin 100 mg and

200 mg at hour of sleep, for pain control and sleep, for continued history of left lumbar 5 radiculopathy. The recent history noted that she was only taking oral Gabapentin and using Lidocaine 4% cream and Voltaren 1% gel for her neuropathic pain, as far back as 2-2-2015. The Request for Authorization, dated 8-4-2015, was noted for Gabapentin 100 mg and Lidocaine patch and ointment 5%. The Utilization Review of 8-19-2015 non-certified the requests for Gabapentin 100 mg every evening for 1 week, then 2 tablets every evening for 2 weeks, then 3 tablets every evening for 3 weeks, #90 with 2 refills; Lidocaine Patches 5% daily as needed for pain, #30 with 2 refills; and Lidocaine 5% ointment daily as needed for pain, 2 tubes with 2 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Gabapentin 100mg #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** According to the MTUS guidelines: 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, Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

#### **Lidocaine 5% patch #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidocaine patches have been designated for orphan status by the FDA for neuropathic pain. Lidocaine patches are also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term uses of topical analgesics such as Lidocaine patches are not recommended. The claimant had been on Lidocaine for several months in combination with topical Voltaren. Uses

of multiple topicals are not recommended. The request for continued and long-term use of Lidocaine patches as above is not medically necessary.

**Lidocaine 5% ointment #2 tubes with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidocaine patches have been designated for orphan status by the FDA for neuropathic pain. Lidocaine patches are also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term uses of topical analgesics such as Lidocaine patches are not recommended. The claimant had been on Lidocaine for several months in combination with topical Voltaren. Uses of multiple topicals are not recommended. The request for continued and long-term use of Lidocaine patches as above is not medically necessary.