

Case Number:	CM15-0179939		
Date Assigned:	09/21/2015	Date of Injury:	11/21/2014
Decision Date:	10/26/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 59 year old male, who sustained an industrial injury on November 12, 2014. The injured worker was diagnosed as having degeneration of the lumbosacral intervertebral disc and long term drug therapy. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, electromyogram with nerve conduction study of the upper extremities, chiropractic therapy, medication regimen, magnetic resonance imaging of the lumbar spine, x-ray of the thoracic spine, physical therapy, home exercise program, and use of heat. In a progress note dated August 27, 2015 the treating physician reports chronic, constant, aching, shooting pain to the bilateral neck that radiates to the bilateral upper extremities along with stiffness to the neck and headaches to the occipital region. The injured worker also had complaints of chronic, constant, aching, burning, shooting pain to the bilateral low back that radiates to the left lower extremity and to the bilateral hips along with stiffness to the low back and left lower extremity weakness. Examination performed on August 27, 2015 was revealing for positive straight leg raises to the bilateral lower extremities. On August 27, 2015 the injured worker's current medication regimen included Naproxen, Lidoderm Patches, Gabapentin, and Tramadol, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker' current medication regiment. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. On August 27, 2015 the treating physician requested the medication of Flector Patches

1.3% with a quantity of 30 with the treating physician noting that the injured worker would "benefit" with the use of a topical anti-inflammatory and also requested the medication of Gabapentin 300mg with a quantity of 60 with two refills with the treating physician noting that the injured worker did not tolerate the use of the medication Toradol due to complaints of itching and indicated that the use of the medication Gabapentin was working "well for the neuropathic pain from radicular symptoms". On September 03, 2015 the Utilization Review determined the request for Flector Patches at 1.3% with a quantity of 30 to be non-certified. On September 03, 2015 the Utilization Review determined the request for Gabapentin 300mg with a quantity of 60 with two refills to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary Online Version last updated 7/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch 1.3% #30 with four refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flector patch is indicated for acute sprains, strains and contusions. In this case, the injured worker's working diagnoses are degeneration lumbosacral intervertebral disc; and long-term drug therapy. The date of injury is November 12, 2014. Request for authorization is August 27, 2015. According to a March 2, 2015 progress note, current medications included Lidoderm patches and naproxen. According to a progress note dated July 28, 2015, gabapentin was added to the drug regimen. According to the most recent progress note dated August 27, 2015, subjectively the injured worker complains of chronic neck and low back pain. The injured worker developed itching with tramadol. Tramadol was discontinued. Naproxen was discontinued. Gabapentin was helpful, but there was no documentation demonstrating objective functional improvement. Lidoderm patches were denied. The treating provider added Flector 1.3% patches. Flector patch is indicated for acute sprains, strains and contusions. There is no documentation of an acute sprain, strain or contusion in the medical record. There was no clinical indication or rationale for adding Flector. There was no documentation of failed first-line treatment with antidepressants and anticonvulsants. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no documentation of an acute sprain, strain or contusion, Flector patch 1.3% #30 with four refills is not medically necessary.

Gabapentin 300mg #60 with two 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiepilepsy drugs (AEDs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 300 mg #60 with 2 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are degeneration lumbosacral intervertebral disc; and long-term drug therapy. The date of injury is November 12, 2014. Request for authorization is August 27, 2015. According to a March 2, 2015 progress note, current medications included Lidoderm patches and naproxen. According to a progress note dated July 28, 2015, gabapentin was added to the drug regimen. According to the most recent progress note dated August 27, 2015, subjectively the injured worker complains of chronic neck and low back pain. The injured worker developed itching with tramadol. Tramadol was discontinued. Naproxen was discontinued. Gabapentin was helpful, but there was no documentation demonstrating objective functional improvement. Lidoderm patches were denied. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement since starting gabapentin July 28, 2015, Gabapentin 300 mg #60 with 2 refills is not medically necessary.