

Case Number:	CM15-0096226		
Date Assigned:	05/26/2015	Date of Injury:	08/08/2000
Decision Date:	06/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/19/2015

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 44 year old male, who sustained an industrial injury on 8/08/2000. He reported developing severe back pain after carrying heavy equipment. Diagnoses include lumbar post-laminectomy syndrome, shoulder pain, depression and anxiety. He underwent discectomy/laminectomy in 2001 and lumbar fusion in 2002 with subsequent hardware removal and re-fusion. Treatments to date include medication therapy, chiropractic therapy, psychotherapy, physical therapy, home exercise, therapeutic injections, and completion of a functional restoration program. Currently, he complained of low back pain with radiation to bilateral lower extremities associated with numbness, tingling, and weakness. Pain was rated 7/10 VAS. On 4/9/15, the physical examination documented an antalgic gait favoring the right side. There was tenderness over the lumbar spine with sensation decreased in lower extremities. The plan of care included Alprazolam 0.5 mg tablets, quantity #15 with two refills; and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5 mg #15 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic) anxiety medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section Page(s): 24.

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. The injured worker has been prescribed Alprazolam since at least November, 2013. A prior utilization review modified a request for Alprazolam to include a weaning dose. The request for Alprazolam 0.5 mg #15 with 2 refills is not medically necessary.

Unknown prescription of Lidoderm patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Section Page(s): 56, 57.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anti-convulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain. Additionally, there is evidence that he has had positive results from treatment with trials of anti-convulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for unknown prescription of Lidoderm patch is not medically necessary.

Gabapentin 600 mg: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. 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 antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms. Two prior utilization reviews have included recommendation for discontinuation of Gabapentin. The request for Gabapentin 600 mg is not medically necessary.