

Case Number:	CM13-0053450		
Date Assigned:	12/30/2013	Date of Injury:	09/19/2007
Decision Date:	04/30/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 57-year-old with a September 19, 2007, date of injury. At the time of request for authorization (October 9, 2013) for ninety Gabapentin 600mg and four ounces of LidoPro, there is documentation of subjective (stiffness and pain in her right shoulder, difficulty raising hand above thirty degrees and pain with movement, and some low back pain) and objective (tenderness along the cervical paraspinal musculature bilaterally, reduce cervical and right shoulder range of motion, and weakness of the right upper extremity) findings, current diagnoses (discogenic condition with regard to cervical spine, impingement syndrome, epicondylitis medially bilaterally, carpal tunnel syndrome bilaterally, wrist joint inflammation bilaterally, CMC joint inflammation bilaterally, and strain and inflammation along the ulnar collateral ligament of thumb with some laxity), and treatment to date (medications (including Gabapentin and LidoPro lotion of unknown duration)). Regarding Gabapentin, there is no documentation of neuropathic pain and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG, NINETY COUNT: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of discogenic condition with regard to cervical spine, impingement syndrome, epicondylitis medially bilaterally, carpal tunnel syndrome bilaterally, wrist joint inflammation bilaterally, CMC joint inflammation bilaterally, and strain and inflammation along the ulnar collateral ligament of thumb with some laxity. In addition, there is documentation of records reflecting prescriptions for Gabapentin of unknown duration. However, there is no documentation of neuropathic pain. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Gabapentin. The request for Gabapentin 600mg, ninety count, is not medically necessary or appropriate.

FOUR OUNCES OF LIDOPRO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: LidoPro is a topical pain relief medication that contains capsaicin, lidocaine, menthol, and methyl salicylate. The Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of discogenic condition with regard to cervical spine, impingement syndrome, epicondylitis medially bilaterally, carpal tunnel syndrome bilaterally, wrist joint inflammation bilaterally, CMC joint inflammation bilaterally, and strain and inflammation along the ulnar collateral ligament of thumb with some laxity. However, LidoPro contains at least one drug (lidocaine) that is not recommended. The request for four ounces of Lidopro is not medically necessary or appropriate.

