

<b>Case Number:</b>	CM14-0014564		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 28-year-old female with a reported injury on 05/28/2013. The mechanism of injury was not provided. The injured worker had an examination on 12/31/2013 with complaints of daily pain at a level of 8.5/10; with the use of her pain medication it decreases to 4/10. She had complained of pain to the left buttock and the lateral part of her left thigh. She complained of numbness and tingling on a daily basis to the left thigh as well. The injured worker does do home exercise program with walking approximately 2 to 3 blocks and she could stand approximately for 10 minutes and sit for less than 30 minutes. Chronic pain does affect her sleep and wakes her up during the night. The list of medications included Pantoprazole, Diclofenac, LidoPro ointment, Gabapentin, and Terocin patches. Her diagnoses consisted of cervical sprain with headaches and shoulder impingement on the left, discogenic lumbar condition with facet inflammation and radiculitis along the left side of the lower extremity, and the S1 joint involvement, left ribcage contusion, and element of depression, anxiety, insomnia, gastritis, and 10 pounds weight gain. The patient was undergoing physical therapy and has completed about 6 sessions. The recommendation plan of treatment is to continue her remaining physical therapy sessions, request for a TENS unit, and renewal of her medications. The request for authorization was signed and dated for 01/02/2014. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PANTOPRAZOLE 20MG # 60 (DOS 12/31/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS Page(s): 68.

**Decision rationale:** The California MTUS Guidelines do recommend determining if the patient is taking NSAIDs and is at risk for gastrointestinal events to include a history of peptic ulcer, GI bleeds, or perforation. There was no evidence or documentation provided of any kind of gastrointestinal complaints or the history of a peptic ulcer or GI bleed. The guidelines also recommend the medication with the concurrent use of aspirin or corticosteroids and/or an anticoagulant or a high dose of multiple NSAIDs. There was no evidence that the injured worker is on aspirin, corticosteroids or an anticoagulant. Furthermore, the request does not specify directions as to duration and frequency. Therefore, the request for the Pantoprazole is not medically necessary.

**DICLOFENAC100MG #30 (DOS 12/31/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70-71.

**Decision rationale:** The California MTUS Guidelines recommend indication for the use of this is for the treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. There was a lack of evidence of any gastric complaints or any history of ulcers and there are no signs and symptoms of osteoarthritis. There was no efficacy provided of treatment with this medication. Furthermore, the request does not specify directions as far as frequency and duration. Therefore, the request for the Diclofenac is not medically necessary.

**LIDOPRO OINTMENT 20ML (DOS 12/31/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines do not recommend any compounded product that contains at least one drug of drug class that is not recommended. The California MTUS guidelines indicate Lidocaine is for peripheral pain and the formulation of a dermal patch has been designated, but no other commercially-approved topical formulation of Lidocaine, whether it is a cream, lotion, or gel are indicated for neuropathic pain. The NSAID efficacy in a

clinical trial has been inconsistent and most studies are small and of short duration. The guidelines state that the effect appeared to diminish over time and it stated that further research was required. The efficacy of this medication was not provided. Furthermore, the request does not specify directions as to frequency and duration and/or the placement as to where the ointment is to be applied. Therefore, the request for the LidoPro is not medically necessary.

**GABAPENTIN 600MG (DOS 12/31/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS Page(s): 18-19.

**Decision rationale:** The California MTUS Guidelines recommend Gabapentin is effective for the treatment of diabetic painful neuropathy or postherpetic neuralgia. There is no diagnosis or evidence to support diabetic neuropathy or postherpetic neuralgia. The efficacy of this medication in regard to function was not provided. Furthermore, the request does not specify directions as far as frequency and duration. Therefore, the request for the Gabapentin is not medically necessary.

**TEROGIN PATCHES #10 (12/31/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Patches Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** The California Guidelines do not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. This medication contains Lidocaine which is recommended for diabetic neuropathy and is designated for neuropathic pain. It is not recommended for non-neuropathic pain. There is no evidence or diagnosis that the injured worker has diabetic neuropathy or neuropathic pain. Also, the medication has capsaicin in it and capsaicin is only recommended as an option in patients who have not responded or are intolerant of other treatments. There is no evidence or documentation of any other previous treatments that were not tolerated. Furthermore, the recommendations do not specify directions as to the duration and the frequency or as to the body part where this is to be applied. Therefore, the request for Terocin patches is not medically necessary.