

<b>Case Number:</b>	CM14-0119547		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/06/2006
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 45-year-old female who reported an injury on 06/06/2006. The mechanism of injury was developing pain after scanning CDs for 3 hours. The injured worker complained of continuing pain to the left shoulder as well as pain down to her left elbow. On physical examination dated 06/06/2014, there was tenderness upon palpation about the acromioclavicular joint and there was pain and generalized weakness with motion. The injured worker's diagnoses were status post left rotator cuff repair with continued pain and brachial plexus injury left upper extremity. The treatment plan was for medication refill and the requested treatment plan was for Lidoderm patches, Neurontin, and Prevacid. The injured worker's past treatments included acupuncture, trigger point injections, physical therapy, and medication therapy. The injured worker's prior surgical history included subacromial bursectomy, subacromial decompression, and diagnostic arthroscopy, and rotator cuff repair. The injured worker's medications were Lidoderm patch, Neurontin, and Prevacid. The rationale for the request was the Lidoderm patch was for pain, Neurontin for nerve pain, and Prevacid for acid reflux. The Request for Authorization form was not provided with documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

**Decision rationale:** The injured worker complained of painful conditions about the shoulder, continued pain about the left shoulder, as well as pain down to her left elbow. According to the California MTUS, topical analgesics are largely experimental in use with few randomized trials to determine efficacy or safety, and they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with the advantage that includes lack of systemic side effects, absence of drug interactions, and no need to titrate. Lidocaine is indicated for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a first-line therapy of an antidepressant or an anti-epileptic drug such as Gabapentin or Lyrica. Topical lidocaine in the formulation of a dermal patch has orphan status by the FDA for neuropathic pain. There is a lack of documentation in the clinical record indicating whether the Lidoderm patches are an initial prescription or an ongoing, as to determine the efficacy of this medication. In addition there is lack of clinical documentation in the records submitted to a fail trial of antidepressants and anticonvulsants. Additionally, the request failed to indicate the body location for the patch as well as the frequency of the patch. As such, the request for Lidoderm patches is not medically necessary.

**Neurontin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to the California MTUS, Neurontin is an anti-epileptic drug, also referred to as an anticonvulsant, which has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered a first-line treatment for neuropathic pain. The injured worker complained of pain to the left shoulder as well as pain down to her left elbow. There is a lack of documentation as to the injured worker having diabetic neuropathy or neuralgia to support evidence-based guidelines. Furthermore, the request failed to mention a frequency for the proposed medication. As such, the request for Neurontin is not medically necessary.

**Prevacid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation ODG, Pain chapter.

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

**Decision rationale:** According to the California MTUS, proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medication who have cardiovascular disease or significant risk factors of gastrointestinal events. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with use of medication, cardiovascular disease, or any significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the guidelines. Additionally, the request failed to include the frequency of the medication. As such, the request for Prevacid is not medically necessary.