

<b>Case Number:</b>	CM14-0024895		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 52-year-old male with date of injury of 04/02/2013. The listed diagnoses per [REDACTED] dated 01/23/2014 are left shoulder tendinitis/bursitis, cervical radiculopathy and lumbosacral radiculopathy. According to this report, the patient presents with chronic pain in his lumbar spine and low back. The patient is also status post lumbar epidural injection which increased his range of motion and functional capacity status very significantly. He is presently maintained on a combination of PPI, Relafen, Norco 5 mg, Neurontin 300 mg, and patches. He reports no side effects. The physical examination shows spasms and tenderness in the paravertebral muscles of the cervical and lumbar spines. There is decreased range of motion on flexion and extension of the cervical column. There is increased range of motion in flexion and extension of the lumbar column noted. There is decreased sensation noted in C6, C7, L5, and S1 dermatomes bilaterally. The utilization review denied the request on 01/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 300MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin and Pregabalin Page(s): 18, 19.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting Gabapentin 300 mg. The California MTUS Guidelines page 18 and 19 on Gabapentin (Neurontin and Gabarone) has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The records show that the patient was prescribed Gabapentin since 10/17/2013. However, none of the 283 pages of records document medication efficacy and functional improvement as it relates to the use of Gabapentin. California MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must be documented. Therefore the request is not medically necessary.

**OMEPRAZOLE 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68, 69.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting Omeprazole 20 mg. The California MTUS Guidelines page 68 and 69 on NSAIDS, GI symptoms, and cardiovascular risks state that it is recommended with precaution to determine if the patient is at risk for gastrointestinal events. It appears that the provider has prescribed this medication in conjunction with the patient's current NSAID regimen. However, the provider does not document any side effects from the use of NSAIDS or other diagnosis of the GI system that would require the use of Omeprazole. California MTUS does not recommend the routine use of PPIs without documentation of GI risk. Therefore the request is not medically necessary.

**TEROCIN 4-4%:** 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 Analgesics Page(s): 112.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting Terocin 4-4%. The California MTUS Guidelines page 112 on topical Lidocaine states that the FDA has designated the dermal patch Lidoderm for orphan status for the treatment of neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. In this case, California MTUS only supports the use of Lidocaine in a dermal patch. Therefore the request is not medically necessary.