

<b>Case Number:</b>	CM14-0054074		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 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 50-year-old female who reported an injury on 03/04/2011. The mechanism of injury was not provided. On 01/14/2014, the injured worker presented with pain in the neck. Upon examination, there was limited cervical range of motion and tenderness to palpation to the right posterior cervical triangle. There was no tenderness to palpation over the anterior cervical triangles. There was tenderness noted over the medial aspect of the right scapula. The diagnoses were cervicobrachial syndrome with radicular symptoms, possible right sided foraminal stenosis, torn triangular fibrocartilage of the left wrist, arthritis of the left wrist, status post removal of retained hardware, right shoulder tendinitis, right wrist and forearm myofasciitis/tendinitis from favoring left side, depression associated with industrial injury, and chronic pain. The current medication list was not provided. The provider recommended Lidocaine, Norco, Gabapentin, Lansoprazole, Relafen, and Temazepam. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% ointment with 3 refills:** 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 Lidocaine Page(s): 112..

**Decision rationale:** The request for Lidocaine 5% ointment with 3 refills is not medically necessary. The California MTUS state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy tricyclic or SNRA antidepressant or an AED such as gabapentin or Lyrica. There is lack of documentation that the injured worker had failed a trial of a first line therapy to include a tricyclic, SNRA, antidepressant or an AED such as gabapentin or Lyrica. The provider's request does not indicate the site at which the cream is indicated for or the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**Norco 10/325mg #50 with 3 refills:** 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 Opioids, Criteria for use, Page(s): 78.

**Decision rationale:** The request for Norco 10/325mg #50 with 3 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management for chronic pain. The guidelines recommend include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**Gabapentin 600mg with 3 refills:** 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 Antiepilepsy drugs (AEDs), Page(s): 16-22.

**Decision rationale:** The request for Gabapentin 600mg with 3 refills is not medically necessary. California MTUS Guidelines state gabapentin has been shown to be effective for diabetic pain for neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. 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 AEDs depend on approved outcomes versus tolerability of its first effects. The efficacy of the medication is not documented. The provider's rationale was not provided.

Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**Lansoprazole 30mg #30 with 3 refills: 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, Page(s): 69.

**Decision rationale:** The request for Lansoprazole 30mg #30 with 3 refills is not medically necessary. According to California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia, secondary to NSAID therapy, or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. There is lack of documentation that the injured worker had a diagnosis congruent with the guideline recommendations. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The provider does not indicate the efficacy of the prior use of the medication or the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**Relafen 500mg #60 with 3 refills: 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, Page(s): 70.

**Decision rationale:** The request for Relafen 500mg #60 with 3 refills is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events including MI, stroke, or onset and worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There is lack of evidence in the medical records of a complete and adequate pain assessment and the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**Temazepam 7.5mg #60 with 3 refills: 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 Benzodiazepines Page(s): 24..

**Decision rationale:** The request for Temazepam 7.5mg #60 with 3 refills is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed temazepam previously. However, the efficacy of the medication has not been provided to support continued use. Additionally, the frequency of the medication was not provided in the request as submitted. Therefore, based on the documentation provided, the request is not medically necessary.