

Case Number:	CM14-0197841		
Date Assigned:	12/08/2014	Date of Injury:	12/07/2006
Decision Date:	01/29/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 68-year-old female with a 12/07/06 date of injury, due to repetitive movements. The patient was seen on 10/22/14 with complaints of pain over the cervical and lumbar spine, pain in the bilateral shoulder and upper extremity and numbness and tingling in the upper and lower extremities. Exam findings revealed tenderness and spas over the cervical and lumbar paraspinals, decreased range of motion of the cervical and lumbar spine, and positive Tinel's sign bilaterally. There was hypoesthesia in the right median nerve distribution and bilateral sciatic notch tenderness. The diagnosis is cervical sprain/strain, bilateral shoulder impingement syndrome and tendonitis, bilateral carpal tunnel syndrome, depression, and anxiety. Treatment to date: work restrictions, PT, DME, Fentanyl patches, and medications. An adverse determination was received on 11/6/14 for a lack of documentation contraindicating Prilosec and a lack of documentation of the patient's intolerance to antidepressants and anticonvulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation FDA (Pantoprazole (Protonix)).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The progress notes indicated that the patient was utilizing Protonix at least from 5/14/14. However, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, there is a lack of documentation indicating that the patient reported GI disturbances or that the patient suffered from GERD or ulcers. Therefore, the request for Protonix 40mg #30 was not medically necessary.

Ketaprofen, gabapentin, lidocaine (KGL) cream 240 gm #1: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, CA MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, there is a lack of documentation indicating that the patient tried and failed first-line oral therapy for neuropathic pain. In addition, there remains sparse documentation as to why the prescribed compound formulation would be required despite adverse evidence. Therefore, the request for Ketaprofen, gabapentin, lidocaine (KGL) cream 240 gm #1 was not medically necessary.