

<b>Case Number:</b>	CM15-0001767		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 male, who sustained an industrial injury on 6/4/2010. The injured worker has complaints of diffuse neck pain, left upper extremity pain, diffuse thoracic back pain and low back and bilateral lower extremity pain. The pain is described as aching and stabbing sensation in the primary area of discomfort. The level of pain is exacerbated by periods of increased activity and lifting of object. The diagnoses have included lumbosacral spondylosis without myelopathy; cervicalgia; myalgia and myositis not otherwise specified and chronic pain syndrome. According to the utilization review performed on 12/15/14, the requested Lidocaine 5% ointment apply up to TID as needed; Omeprazole DR 40mg capsule 1 q am #30 and Gabapentin 800mg tablet 1 TID #90 has been non-certified. CA MTUS, Chronic Pain Medical Treatment Guidelines were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% ointment apply up to TID prn #100:** 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): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lidocaine 5% ointment is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. In this case, the injured workers working diagnoses are lumbosacral spondylosis without myelopathy; cervicgia; myalgia and myositis not otherwise specified; chronic pain syndrome; dysthymic disorder; tobacco use disorder; osteoarthritis; cervical spondylosis without myelopathy; lumbar or lumbosacral degeneration; encounter for long-term use of other medications; and sleep disturbance otherwise specified. Subjectively, the injured worker complains of extremity pain and back tenderness. Objectively, there is a normal musculoskeletal examination and a normal neurologic evaluation. Lidocaine ointment is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. Any compounded product that contains at least one drug (lidocaine ointment) that is not recommended is not recommended. Consequently, lidocaine 5% ointment is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, lidocaine 5% ointment is not medically necessary.

**Omeprazole DR 40mg capsule 1 q am #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Proton Pump Inhibitors

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole DR 40 mg one every morning #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured workers working diagnoses are lumbosacral spondylosis without myelopathy; cervicgia; myalgia and myositis not otherwise specified; chronic pain syndrome; dysthymic disorder; tobacco use disorder; osteoarthritis; cervical spondylosis without myelopathy; lumbar or lumbosacral degeneration; encounter for long-term use of other medications; and sleep disturbance otherwise specified. Subjectively, the injured worker

complains of extremity pain and back tenderness. Objectively, there is a normal musculoskeletal examination and a normal neurologic evaluation. Omeprazole has been used as far back since April 7, 2011. There are no co-morbid conditions or past medical history compatible with G.I. bleeding, peptic ulcer disease, concurrent use of aspirin, etc. The injured worker was taking a nonsteroidal anti-inflammatory drug and the treating physician noted omeprazole was given for G.I. prophylaxis. Consequently, absent clinical documentation with risk factors to support the ongoing use of omeprazole, Omeprazole DR 40 mg one every morning #30 is not medically necessary.

**Gabapentin 800mg tablet 1 TID #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Pain section, Gabapentin

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 800 mg one PO TID #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured workers working diagnoses are lumbosacral spondylosis without myelopathy; cervicalgia; myalgia and myositis not otherwise specified; chronic pain syndrome; dysthymic disorder; tobacco use disorder; osteoarthritis; cervical spondylosis without myelopathy; lumbar or lumbosacral degeneration; encounter for long-term use of other medications; and sleep disturbance otherwise specified. Subjectively, the injured worker complains of extremity pain and back tenderness. Objectively, there is a normal musculoskeletal examination and a normal neurologic evaluation. The treating physician has documented Gabapentin as far back as April 7, 2011. The injured worker continues to complain of extremity pain. The neurologic evaluation from the December 9, 2014 progress note contains a normal musculoskeletal examination and a normal neurologic evaluation. There were no neuropathic objective findings noted. The documentation does not contain evidence of objective functional improvement as it pertains to the ongoing use of gabapentin. Consequently, absent clinical documentation with objective functional improvement to gauge the ongoing efficacy of gabapentin, gabapentin 800 mg 1 PO TID #90 is not necessary.