

Case Number:	CM15-0105122		
Date Assigned:	06/09/2015	Date of Injury:	04/11/2012
Decision Date:	07/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/01/2015

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

Certification(s)/Specialty: Emergency 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 52-year-old male, who sustained an industrial injury on 4/11/12. He has reported initial complaints of neck and bilateral shoulder injuries. The diagnoses have included discogenic cervical condition, right shoulder impingement syndrome, left shoulder impingement syndrome, chronic pain, depression, sleep disorder and stress. He has a history of hypertension. Treatment to date has included medications, activity modifications, off work, consultations, diagnostics, surgery, injections, physical therapy and other modalities. Currently, as per the physician progress note dated 4/21/15, the injured worker complains of neck and bilateral shoulder pain with headaches and neck ache and pain in both shoulders. He has a history of several surgeries to the right shoulder with persistent pain and stiffness. The objective findings reveal tenderness along the cervical paraspinal muscles, trapezius and shoulder girdle bilaterally. Abduction is 120 degrees on the right and 160 degrees on the left with tenderness along the rotator cuff and biceps tendon. The current medications included Gabapentin, Protonix, Tramadol, Naproxen, and Lidopro cream. There was no previous urine drug screen reports noted. The physician requested treatments included Gabapentin 600mg #90 and LidoPro lotion #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Pages 16-18 Page(s): 16-18.

Decision rationale: The requested Gabapentin 600mg #90 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction." The injured worker has neck and bilateral shoulder pain with headaches and neck ache and pain in both shoulders. He has a history of several surgeries to the right shoulder with persistent pain and stiffness. The objective findings reveal tenderness along the cervical paraspinal muscles, trapezius and shoulder girdle bilaterally. Abduction is 120 degrees on the right and 160 degrees on the left with tenderness along the rotator cuff and biceps tendon. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 600mg #90, is not medically necessary.

LidoPro lotion #4: Upheld

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

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

Decision rationale: The requested LidoPro lotion #4, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has neck and bilateral shoulder pain with headaches and neck ache and pain in both shoulders. He has a history of several surgeries to the right shoulder with persistent pain and stiffness. The objective findings reveal tenderness along the cervical paraspinal muscles, trapezius and shoulder girdle bilaterally. Abduction is 120 degrees on the right and 160 degrees on the left with tenderness along the rotator cuff and biceps tendon. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, LidoPro lotion #4, is not medically necessary.