

Case Number:	CM15-0105161		
Date Assigned:	06/10/2015	Date of Injury:	09/21/2009
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 sustained an industrial injury on 9/21/09. The injured worker was diagnosed as having carpal tunnel syndrome, pain in shoulder joint and degeneration of cervical disc. Treatment to date has included functional restoration program, Voltaren, Naproxen, Protonix, physical therapy and home exercise program. Currently, the injured worker complains of pain in right shoulder with radiation to right upper extremity with intermittent swelling of right arm; the pain is worse with activity. She notes some gastric upset with Voltaren, which is helped by using Protonix. She is considered permanent and stationary with permanent disability. Physical exam was unremarkable. The treatment plan included a request for Capsaicin cream, Protonix, Gabapentin and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Capsaicin 0.075% cream, DOS: 9/17/14: 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 topical analgesics Page(s): 111-112.

Decision rationale: The use of compounded agents has very little to no research to support their use. According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, there is a higher amount of Capsaicin than is medically necessary. In addition, the request for Capsaicin did not reduce the oral analgesic use or prescriptions. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore Capsaicin .075% is not medically necessary.

Retro Gabapentin 600mg #60, DOS: 9/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Response to Gabapentin was not noted on 9/17/14. The Gabapentin was not medically necessary.

Retro Pantoprazole/Protonix 20mg #60, DOS: 9/17/14: 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 PPI Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant had been on Naproxen but it was not providing relief and Voltaren was more effective but caused GI upset. There was no mention of considering non-NSAIDs for pain control and therefore eliminating the need for Prilosec. Therefore, the continued use of Protonix is not medically necessary.