

<b>Case Number:</b>	CM15-0010364		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 36-year-old Male who sustained an industrial injury on 01/24/2011 due to repetitive lifting of heavy objects. He has reported pain in the groin. The diagnoses have included an abdominal hernia. Treatment to date has included an abdominal hernia repair done 07/14/2011, work restrictions, rest, inguinal nerve blocks, surgeries and medication therapy. Currently, the IW complains of a constant sharp, aching tenderness and a feeling of pins and needles pain in the right groin, numbness in the region just below the inguinal area, and a burning in the stomach. On 12/18/2014 Utilization Review non-certified a request for 1 container of Gabapentin 6%, Ketamine 10%, and Lidocaine 5%, 249 grams, noting that the evidence submitted for review fails to meet the evidence based guidelines for the required service. The MTUS Chronic Pain Guidelines Topical Analgesics,) were cited. On 12/18/2014 Utilization Review non-certified a request for 30 capsules of Duloxetine 20mg, noting the evidence submitted for review fails to meet the evidence based guidelines for the required service. The MTUS, ACOEM Chronic pain Guidelines, Duloxetine (Cymbalta) were cited. On 01/19/2015, the injured worker submitted an application for IMR for review of the non-certified items.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 capsules of Esomeprazole ER 20mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain, Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient has a GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, 30 capsules of Esomeprazole ER 20mg is not medically necessary.

**30 capsules of Duloxetine 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 44-45.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Page(s): 15-16.

**Decision rationale:** Duloxetine is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for back pain. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of Cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy, the drug was used off label. Therefore, the request of Duloxetine 20mg #30 is not medically necessary.

**1 container of Gabapentin 6%, Ketamine 10%, and Lidocaine 5%, 249 grams: 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other

pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. The proposed topical analgesic contains Gabapentin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Gabapentin 6%, Ketamine 10%, and Lidocaine 5%, 249 grams is not medically necessary.