MAXIMUS Federal Services

Case Number:	CM15-0136296		
Date Assigned:	07/28/2015	Date of Injury:	10/31/2008
Decision Date:	09/22/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 10/31/2008. The medical records submitted for this review did not include documentation regarding the details of the initial injury. Diagnoses include status post right shoulder surgery in 2013, left shoulder pain, cervical pain, left wrist pain, left elbow pain, rule out lumbar disc injury, rule out radiculopathy, rule out sympathetically maintained pain syndrome right upper extremity, and bilateral median neuropathy. Treatments to date include activity modification and physical therapy, Lumbosacral spine orthotic and TENS unit. Currently, she complained of pain in bilateral shoulders, low back, neck and bilateral elbows. Medication was noted to increase function with increased activity and greater function, as well as decreased pain. On 4/29/15, the physical examination documented diffuse tenderness to the right shoulder with limited range of motion. The left tender was shoulder. Cervical range of motion was noted and there was no change to the lumbar spine examination. The plan of care included dispensing Naproxen 550mg tablets #90; Pantoprazole 20mg #90; a topical compound cream for chronic pain and inflammation; and a request to authorize a prescription for a topical epileptic drug Gabapentin, apply three times day #300grams with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen 550mg quantity 90 DOS 4-29-15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Based on the 04/08/15 progress report provided by treating physician, the patient presents with pain in bilateral shoulders, low back, neck and bilateral elbows. The patient is status post-right shoulder surgery June 2013. The request is for Retrospective Naproxen 550mg Quantity 90 DOS 4-29-15. RFA with the request was not provided. Patient's diagnosis on 04/08/15 includes left shoulder pain, cervical pain, left wrist pain, left elbow pain and rule out lumbar disc injury. Physical examination on 04/29/15 revealed diffuse tenderness to the bilateral shoulders and limited range of motion to the right shoulder. Treatment to date has included activity modification, physical therapy, home exercise program, lumbosacral spine orthotic, TENS unit and medications. Patient's medications include Norco, Gabapentin, Naproxen and Pantoprazole. The patient is permanent and stationary, per 04/08/15 report. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 regarding Anti-inflammatory medications states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p60, Medications for Chronic Pain section also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Naproxen has been included in patient's medications, per progress reports dated 02/18/15 and 04/08/15. It is not known when this medications was initiated. Per 04/08/15 progress report, treater states "NSAID does facilitate improved range of motion and additional 3-4 point average on scale of 10 diminution in pain." Given patient's continued pain and documentation of functional improvement, this retrospective request for Naproxen appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Retrospective Pantoprazole 20mg quantity 90 DOS 4-29-15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Based on the 04/08/15 progress report provided by treating physician, the patient presents with pain in bilateral shoulders, low back, neck and bilateral elbows. The patient is status post right shoulder surgery June 2013. The request is for Retrospective Pantoprazole 20mg Quantity 90 DOS 4-29-15. RFA with the request was not provided. Patient's diagnosis on 04/08/15 includes left shoulder pain, cervical pain, left wrist pain, left elbow pain and rule out

lumbar disc injury. Physical examination on 04/29/15 revealed diffuse tenderness to the bilateral shoulders and limited range of motion to the right shoulder. Treatment to date has included activity modification, physical therapy, home exercise program, lumbosacral spine orthotic, TENS unit and medications. Patient's medications include Norco, Gabapentin, Naproxen and Pantoprazole. The patient is permanent and stationary, per 04/08/15 report. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Pantoprazole has been included in patient's medications, per progress reports dated 02/18/15 and 04/08/15. It is not known when this medications was initiated. Per 04/08/15 progress report, treater states patient "recalls history of GI upset with NSAID with no PPI, PPI at qd and bid dosing, however denies GI upset with PPI at current dose, tid. Recalls failed 1st line PPI." This patient is currently taking Naproxen. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. Treater has documented patient's GI risk assessment and benefit from medication. The request to continue Pantoprazole appears reasonable. Therefore, this retrospective request is medically necessary.

Compound medication for chronic pain and inflammation: Upheld

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

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

Decision rationale: Based on the 04/08/15 progress report provided by treating physician, the patient presents with pain in bilateral shoulders, low back, neck and bilateral elbows. The patient is status post-right shoulder surgery June 2013. The request is for Compound Medication For Chronic Pain And Inflammation. RFA with the request was not provided. Patient's diagnosis on 04/08/15 includes left shoulder pain, cervical pain, left wrist pain, left elbow pain and rule out lumbar disc injury. Physical examination on 04/29/15 revealed diffuse tenderness to the bilateral shoulders and limited range of motion to the right shoulder. Treatment to date has included activity modification, physical therapy, home exercise program, lumbosacral spine orthotic, TENS unit and medications. Patient's medications include Norco, Gabapentin, Naproxen and Pantoprazole. The patient is permanent and stationary, per 04/08/15 report. MTUS has the following regarding topical creams (p111, chronic pain section): "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." It further states, there is little to no research to support the use of many of these agents. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Treater has not provided reason for the request. RFA not provided, either. The medical file includes no discussion regarding the requested compound medication for chronic pain and inflammation. The progress reports and Request for Authorization do not specify what ingredients are in what appears to be a request for a pain cream. Recommendation cannot be made on a topical

analgesic without knowing its components. Furthermore, MTUS states that topical analgesics are largely experimental. Therefore, this request is not medically necessary.

Topical Epileptic Drug Gabapentin 300mg applied three times a day with three refills: 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.

Decision rationale: Based on the 04/08/15 progress report provided by treating physician, the patient presents with pain in bilateral shoulders, low back, neck and bilateral elbows. The patient is status post right shoulder surgery June 2013. The request is for Topical Epileptic Drug Gabapentin 300mg Applied Three Times a Day with Three Refills. RFA with the request was not provided. Patient's diagnosis on 04/08/15 includes left shoulder pain, cervical pain, left wrist pain, left elbow pain and rule out lumbar disc injury. Physical examination on 04/29/15 revealed diffuse tenderness to the bilateral shoulders and limited range of motion to the right shoulder. Treatment to date has included activity modification, physical therapy, home exercise program, lumbosacral spine orthotic, TENS unit and medications. Patient's medications include Norco, Gabapentin, Naproxen and Pantoprazole. The patient is permanent and stationary, per 04/08/15 report. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided reason for the request. In this case, there are no discussions regarding location that will be treated, nor medication efficacy. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.