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| Case Number: | CM15-0142627 | | |
| Date Assigned: | 08/03/2015 | Date of Injury: | 03/07/2014 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 07/22/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic neck, shoulder, elbow, and wrist pain with derivative complaints of depression reportedly associated with an industrial injury of March 7, 2014. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve a request for Omeprazole, Naprosyn, Neurontin, and LidoPro. A July 6, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On August 4, 2015, the applicant reported ongoing complaints of elbow, shoulder, neck pain, 5/10. The applicant did acknowledge that certain activities, such as lifting, pushing, and pulling did worsen her pain complaints. The applicant nevertheless stated that her pain scores were reduced by 30 to 40% with medication consumption. The applicant denied any medication side effects. The applicant stated that both gabapentin and topical LidoPro were beneficial. The applicant had developed depressive symptoms, it was stated. The applicant was working on a part-time basis, at a rate of four hours a day, five days a week, it was reported. Naprosyn, Prilosec, Neurontin, LidoPro, and TENS patches were endorsed while the applicant apparently returned to part-time work. In a July 5, 2015 RFA form, topical LidoPro, TENS unit patches, Neurontin, Prilosec, and Naprosyn were endorsed. In an associated July 6, 2015 progress note, the applicant reported 5/10 neck, shoulder, and elbow pain with associated paresthesias, right greater than left. The applicant stated that her medications were beneficial in terms of reducing her pain complaints to 30 to 40%. The applicant contented that her TENS unit was also beneficial in terms of attenuating her pain complaints. The applicant was working on a part-time basis, it was acknowledged. Naprosyn,

Prilosec, Neurontin, and topical LidoPro were all refilled. The applicant denied any medication side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 7.6.15 Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

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

Decision rationale: No, the request for Omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant having any issues with reflux, heartburn and/or dyspepsia, either NSAID-induced, or stand-alone, on either July 6, 2015 or on August 4, 2015. On both dates, the applicant explicitly denied any side effects from medication consumption, it was further noted. Therefore, the request was not medically necessary.

Retro DOS: 7.6.15 Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 7.

Decision rationale: Conversely, the request for Naprosyn, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain complaints, as were present here. The applicant did report a 30 to 40% reduction in pain scores with ongoing medication consumption, the treating provider reported on July 5, 2015, and on August 4, 2015. Ongoing medication consumption was facilitating the applicant's ability to work on a part-time basis, the treating provider reported on both dates. Continuing the same, on balance, thus, was indicated, given the applicant's favorable response to the same. Therefore, the request was medically necessary.

Retro DOS: 7.6.15 Gabapentin 300mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 49; 19.

Decision rationale: The request for gabapentin, an anticonvulsant adjuvant medication, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is considered a first-line treatment for neuropathic pain. Here, the applicant was given an operating diagnosis of cervical radiculitis on office visits of August 4, 2015 and July 6, 2015, referenced above. The applicant reported issues with neck pain radiating to the right arm and paresthesias about the bilateral digits, attributed to a C6 radiculopathy. While page 19 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that applicant's should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of ongoing gabapentin usage, here, however, the applicant had demonstrated a favorable response to ongoing usage of gabapentin, the treating provider reported on office visits of July 6, 2015 and August 4, 2015. The applicant's pain scores were reduced by 30 to 40%, it was stated on those dates. The applicant was working on a part-time basis, it was further noted. All of the foregoing, taken together, did constitute prima facie evidence of functional improvement as defined in MTUS 9792.20e with ongoing gabapentin usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Retro DOS: 7.6.15 Lidpro 121gm #1: 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 Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LIDOPRO (capsaicin, lidocaine, menthol, and ...
DailyMed.dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...Dec 1, 2012 - LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment.

Decision rationale: The request for topical LidoPro, conversely, was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guideline notes that topical capsaicin, i.e., the primary ingredient in the compound, is recommended, only as an option in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing, reportedly successful usage of multiple first line oral pharmaceuticals, including Neurontin, Naprosyn, etc., effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.

Retro DOS: 7.6.15 Tens patch (pairs) #2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Finally, the request for TENS unit patches was medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis and, by implication, provision of associated supplies such as the patches in question should be predicated in evidence of favorable outcome in terms of both pain relief and function during an earlier one-month trial of said TENS unit. Here, ongoing usage of a TENS unit was successful, the treating provider reported on August 4, 2015 and July 6, 2015. The applicant's medications and TENS unit were attenuating her pain complaints. The applicant had returned to and/or maintained part-time work status, it was reported on both dates. The applicant did not appear to have been using any opioid agents. The applicant had, in short, demonstrated favorable outcomes in terms of both pain relief and function with ongoing usage of the TENS unit. Provision of the TENS unit patches in question was, thus, indicated. Therefore, the request was medically necessary.