

<b>Case Number:</b>	CM15-0147059		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 York

Certification(s)/Specialty: Internal 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 48 year old female, who sustained an industrial injury on 3-7-14. She reported pain in neck and upper right extremity. The injured worker was diagnosed as having cervical degenerative disc disease, shoulder injury, right elbow strain-sprain, cervical radiculitis and major depression. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, oral medications including Naproxen 550mg, Omeprazole 20mg, Gabapentin 300mg; topical LidoPro ointment, activity modifications and psychotherapy. Currently on 7-6-15, the injured worker complains of continued neck, right shoulder and right elbow pain with numbness and weakness in bilateral fingers; pain is increased with activities of daily living. Pain is noted to be unchanged since previous visit. She notes transcutaneous electrical nerve stimulation (TENS) unit, Gabapentin and LidoPro ointment are helpful. She may work with modifications. Physical exam performed on 7-6-15 revealed decreased range of motion of right shoulder and neck with tenderness to palpation of cervical paraspinal musculature and diffuse tenderness to palpation in supra-infraspinatus area of right shoulder. The treatment plan included refilling of Naproxen 550mg, Omeprazole 20mg, Gabapentin 300mg, LidoPro ointment and transcutaneous electrical nerve stimulation (TENS) patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg Qty 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) gastrointestinal symptoms and cardiovascular risks Page(s): 68-69.

**Decision rationale:** According to CA MTUS (2009), Proton Pump Inhibitor, such as Omeprazole, are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any gastrointestinal (GI) symptoms or GI risk factors. Risk factors include age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. The request for Omeprazole 20 mg Qty 60 is not medically necessary.

**Naproxen 550 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs) Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-71.

**Decision rationale:** Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity for the requested medication has not been established. The request for Naproxen 550 mg Qty 60 is not medically necessary by MTUS.

**Gabapentin 300 mg Qty 60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 16-19.

**Decision rationale:** Gabapentin is an anti-epilepsy drug which has been shown to be effective for the treatment of painful diabetic neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. Gabapentin is also FDA approved as a second-line option for restless leg syndrome, however, there is no documentation of this for this patient. In this case, the patient has neck, right upper extremity and right shoulder pain with a diagnosis of cervical radiculitis. Gabapentin is considered a first-line treatment for neuropathic pain in this patient with documented neuropathic pain. Medical necessity for this requested medication has been established. The request for Gabapentin 300 mg Qty 60 is medically necessary.

**Lidopro cream 121 gm Qty 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Lidopro is a topical analgesic containing capsaicin, lidocaine, menthol, and methyl salicylate. MTUS provides no evidence recommending the use of topical Menthol. MTUS guidelines state that Lidocaine is not recommended for topical application for treatment of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Lidopro cream 121 gm Qty 1 is not medically necessary.

**TENS (transcutaneous electrical nerve stimulation) patch, 2 pairs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), Criteria for use of TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS).

**Decision rationale:** CA MTUS does not recommend transcutaneous electrical nerve stimulation (TENS) as a primary treatment modality, but a one-month trial may be considered. It is recommended for neuropathic pain, phantom limb pain and spasticity. It is frequently used in the treatment of low back pain, and also used in the treatment of chronic back, knee, hip and neck pain. In this case, the injured worker noted transcutaneous electrical nerve stimulation (TENS) was helpful in managing her pain. The documentation did not indicate if a one-month trial period had been used and it is unclear how long the injured worker had utilized transcutaneous electrical nerve stimulation (TENS). Short and long term goals of treatment with the transcutaneous electrical nerve stimulation (TENS) unit should be submitted. There is no documentation of any goals. Therefore, the medical necessity of the request for TENS (transcutaneous electrical nerve stimulation) patch, 2 pairs is not medically necessary.