

<b>Case Number:</b>	CM15-0161743		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	05/26/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45 year old male who sustained an industrial injury on 5-26-13. He had complaints of neck, left shoulder, arm, elbow and wrist pain. Treatments include: medication and physical therapy. Diagnostics include: x-ray, MRI, EMG and nerve conduction studies. Progress report dated 7-10-15 reports left arm and elbow is improving with some pain noted. The pain goes down to 3 out of 10 from 6 out of 10 with medications. Diagnoses include: elbow and fore arm bursitis and epicondylitis, and shoulder sprain and strain. Plan of care includes: periodic visits to monitor and refill medications and referrals, continue with gabapentin 600 mg 1 three times per day, #90, Effexor XR 75 mg 1 per day, #30, Voltaren gel 1% 3 gm 3 times per day to left arm #3 100 gm tubes, naprosyn 500 mg 1 twice per day, #60 and prevacid 15 mg 1 twice per day, #60. Work status: return to full duty on 7-13-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin (Neurontin) 600mg #90:** 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 (AEDs) Page(s): 16-18.

**Decision rationale:** The claimant sustained a work-related injury in May 2013 and is being treated for neck and left upper extremity pain including tingling and hand numbness. He has intermittent heartburn and nausea and takes omeprazole. When seen, there was left lateral epicondyle tenderness. There was crepitus with range of motion. Medications were Effexor XR, Voltaren gel, Naprosyn, Prevacid, and gabapentin. The gabapentin dosing was 1800 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with that recommendation and he has left upper extremity neuropathic pain symptoms. Ongoing prescribing was medically necessary.

**Prevacid (Lansoprazole) 15mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Current Edition (Web), current year, Pain: Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms & cardiovascular risk Page(s): 68-71.

**Decision rationale:** The claimant sustained a work-related injury in May 2013 and is being treated for neck and left upper extremity pain including tingling and hand numbness. He has intermittent heartburn and nausea and takes omeprazole. When seen, there was left lateral epicondyle tenderness. There was crepitus with range of motion. Medications were Effexor XR, Voltaren gel, Naprosyn, Prevacid, and gabapentin. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take naproxen at the recommended dose and has a history of gastrointestinal upset. The requested Prevacid (lansoprazole) was medically necessary.

**Voltaren gel 1% #3 100gm tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in May 2013 and is being treated for neck and left upper extremity pain including tingling and hand numbness. He has intermittent heartburn and nausea and takes omeprazole. When seen, there was left lateral epicondyle tenderness. There was crepitus with range of motion. Medications were Effexor XR, Voltaren gel, Naprosyn, Prevacid, and gabapentin. Topical non-steroidal anti-inflammatory

medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, although the claimant has a history of gastrointestinal upset, he continues to be prescribed oral Naprosyn and Prevacid. Prescribing a topical NSAID is duplicative and not medically necessary.