

Case Number:	CM15-0165076		
Date Assigned:	09/02/2015	Date of Injury:	07/10/2011
Decision Date:	10/19/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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: Anesthesiology

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 53-year-old female, who sustained an industrial injury on July 10, 2011. She reported twisting while reaching for a box that was falling, injuring her right shoulder. The injured worker was diagnosed as having shoulder-upper arm strain, pain in limb, status post arthroscopic surgery with debridement and acromioplasty, bursitis of the right shoulder, extensive synovectomy, bursectomy, and Mumford procedure, and shoulder pain. Treatments and evaluations to date have included acupuncture, right shoulder surgery, heat-ice, home exercise program (HEP), physical therapy, massage, epidural steroid injection (ESI), and medication. Currently, the injured worker reports pain in the shoulder radiating to the neck and arm. The Treating Physician's report dated July 14, 2015, noted the injured worker rated her pain as a 4 on a scale of 0 to 10, with medication a 4 and 5, and without medication a 9. The injured worker was noted to be taking Relafen, Prilosec, and Gabapentin. Physical examination was noted to show the injured worker with an elevated blood pressure, right shoulder tenderness to palpation anteriorly and posteriorly with painful range of motion (ROM) restricted in abduction and flexion. The treatment plan was noted to include continued present medication with Relafen, Lidocaine, and Gabapentin dispensed, continued home exercise program (HEP), and continued hot and ice packs. The injured worker was noted to be permanent and stationary. A request for authorization was made for Neurontin, Nabumetone, Nizatidine, and Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750 MG/Tab #60 with 2 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. Relafen (Nabumetone) is a non-specific 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. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. 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 injured worker was noted to have been prescribed the Nabumetone since at least March 2015. The documentation provided did not include documentation of current, objective, measurable improvement in the injured worker's pain, function, ability to perform specific self-care activities of daily living, work status, or dependency on medical treatment with the use of the Nabumetone. No laboratory evaluations were included in the documentation provided, nor was there an indication that the physician was monitoring the injured worker's liver or renal functions. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Nabumetone.

Nizatidine 150 MG/Tab #60 with 2 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Nizatidine (Axid) is a histamine blocker and antacid used to treat peptic ulcers, gastritis and gastroesophageal reflux (GERD). Nizatidine works by blocking the effects of histamine on the receptor site known as H2. Proton Pump Inhibitors (PPI's) are prescribed to both prevent and treat ulcers in the duodenum (where most ulcers develop) and the stomach. They also counter the various problems that occur when stomach acid escapes into the esophagus, which, if it happens on a regular basis, is GERD. In most trials, the PPIs have proved to be superior to the H2 blockers. In this case, there is no documentation indicating the patient has any 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. In this case, with non-approval of NSAID use, the medical necessity of Nizatidine has not been established. The requested medication is not medically necessary.

Lidocaine 4 Percent Patches #10 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines, topical analgesics, such as Lidoderm patches, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In this case, the documentation provided did not include documentation of a physical examination or diagnosis to support neuropathic pain or post-herpetic neuralgia. The documentation provided did not include documentation of improvement in the injured worker's pain or function with use of the Lidocaine patches. Of note, the treating physician's request did not include the site of application, directions for use, and did not indicate the frequency of the Lidoderm usage. Medical necessity of the requested medication has not been established. The requested topical analgesic is not medically necessary.

Neurontin 300 MG/Tab #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) AEDs, Gabapentin (Neurontin).

Decision rationale: Gabapentin (Neurontin) is an anti-epilepsy drug (AED) which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. In this case, the injured worker was noted to have been prescribed Neurontin since at least January 2015. The documentation provided did not include subjective or objective evidence of the injured worker with diabetic painful neuropathy, postherpetic neuralgia, or neuropathic pain. The documentation provided did not include documentation of current,

objective, measurable improvement in the injured worker's pain, function, ability to perform activities of daily living, work status, or dependence on continued medical treatment with the use of the Neurontin. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.