

Case Number:	CM15-0169373		
Date Assigned:	09/10/2015	Date of Injury:	07/31/2014
Decision Date:	10/26/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/27/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 7-31-14. The injured worker is undergoing treatment for cervicgia, lumbago, neck and lumbar strain-sprain, pain in joint of shoulder and shoulder disorders not elsewhere classified. Medical records dated 7-13-15 indicate the injured worker complains of neck, right shoulder and back pain rated 9 out of 10. She reports radiating pain to the left buttock, hip and leg with numbness and tingling and poor sleep quality. Pain is relieved with topical and oral medication with side effects of nausea and drowsiness. She indicates increased pain since her last visit, she is not taking pain medication presently and that she has received medication from a friend but doesn't know the name of the medication. Physical exam notes antalgic gait, decreased cervical range of motion (ROM) with tenderness to palpation, spasm and facet loading on the right. There is right shoulder tenderness to palpation and decreased range of motion (ROM). There is lumbar tenderness to palpation with spasm and painful decreased range of motion (ROM). Treatment to date has included chiropractic treatment, Relafen, Baclofen, Tramadol, Robaxin and Norco. The original utilization review dated 7-23-15 indicates the request for Gabapentin 600mg #90, naproxen 550mg #60, Pantoprazole 20mg #60 and Terocin patch 4-4% #30 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, early intervention.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines state: "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), 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." Regarding this patient's case, the clinical records submitted do support the fact that this patient has neuropathic and radicular pain from lumbar disease. Neurontin is a first line medication for neuropathic pain. Therefore, based on the submitted medical documentation, the request for Neurontin is medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDS due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, the request is not medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Nexium prescription for this patient. Nexium is the name brand equivalent of generic, esomeprazole. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. This patient is not on NSAIDS. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for Nexium use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records do not support that this patient has GERD. However, the patient has no documentation of why chronic PPI therapy is necessary. The patient does not have a contraindication to H2 blocker therapy and he has no records that indicate an active h. pylori infection. Although this patient has been prescribed NSAIDS, the medication is not authorized and therefore, PPI use in this patient without GI risk factors is also not medically necessary.

Terocin Patch 4-4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. Per the California MTUS Chronic Pain guidelines, topical analgesics are recommended as an option and are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. Terocin cream is a combination of methyl salicylate, capsaicin, menthol, and lidocaine. The FDA has designated topical lidocaine, in the formulation of a dermal patch, for neuropathic pain. No other commercially approved topical formulation of lidocaine is indicated for neuropathic pain. The clinical information submitted for review fails to provide evidence of a failure to respond to antidepressants or anticonvulsants prior to the request for an initiation of a topical analgesic. Hence, the request for Terocin is not appropriate or indicated by MTUS guidelines. Therefore, based on the submitted medical documentation, the request for Terocin is not medically necessary.