

Case Number:	CM15-0180198		
Date Assigned:	09/22/2015	Date of Injury:	05/18/2011
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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: 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 injured worker is a 55 year old female, who sustained an industrial injury on May 18, 2011, resulting in pain or injury to the left shoulder. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculitis, cervical radiculitis, cervical sprain-strain-myospasm, cervical disc protrusion, cervical neural foraminal stenosis, thoracic sprain-strain-myospasm, lumbar sprain-strain-myospasm, lumbar disc protrusion, bilateral shoulder sprain-strain, bilateral shoulder degenerative supraspinatus tendinosis and enthesopathy and AC osteoarthritis, right shoulder anterosuperior labrum compatible with sublabral foramen, bilateral wrist sprain-strain, bilateral moderate carpal tunnel syndrome, sleep loss secondary to pain, and a psych component. On August 6, 2015, the injured worker reported neck and low back pain, rated 6 out of 10. The Secondary Treating Physician's report dated August 6, 2015, noted the injured worker with tenderness to palpation, and decreased range of motion (ROM) of the cervical spine and lumbar spine. Prior treatments have included cervical spine epidural steroid injection (ESI) noted to have caused a stabbing sensation to the head and inflammation of the abdomen, physical therapy with noted improvement, acupuncture, and medication. The treatment plan was noted to include Gabapentin, Ultracet, noted to have been prescribed since at least October 13, 2014, Omeprazole, noted to have been prescribed since at least October 13, 2014, Mentherm, noted to have been prescribed since at least January 29, 2015, and follow-up in 4-6 weeks. On April 23, 2015, the injured worker reported lumbar spine pain rated 5 out of 10 with bilateral lower extremity radiculopathy and cervical spine pain rated a 5 out of 10 with bilateral upper extremity radiculopathy. On January 29, 2015, the injured worker reported constant cervical spine pain rated 7 out of 10 and constant lumbar spine pain rated 7 out of 10, status post a cervical epidural steroid injection (ESI) with improvement in pain. On June 22, 2015, a urine drug screen (UDS) was noted

to be inconsistent for Gabapentin and Tramadol. The request for authorization dated August 6, 2015, requested outpatient follow up in 4-6 weeks, Mentherm 240mg #1, Omeprazole 20mg #60, Ultracet 37.5/325mg #60, and Gabapentin 180mg #2. The Utilization Review (UR) dated September 1, 2015, non-certified the requests for outpatient follow up in 4-6 weeks, Mentherm 240mg #1, Omeprazole 20mg #60, Ultracet 37.5/325mg #60, and Gabapentin 180mg #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 180mg #2: 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 rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 180mg #2 is not medically necessary.

Ultracet 37.5/325mg #60: 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): Opioids for chronic pain.

Decision rationale: The MTUS recommends Ultracet for moderate to moderately severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. Ultracet 37.5/325mg #60 is not medically necessary.

Omeprazole 20mg #60: 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: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg #60 is not medically necessary.

Menthoderm 240mg #1: 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): Topical Analgesics.

Decision rationale: Menthoderm Gel is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Menthoderm Gel. Menthoderm 240mg #1 is not medically necessary.