MAXIMUS Federal Services

Case Number:	CM15-0181215		
Date Assigned:	09/22/2015	Date of Injury:	10/07/2013
Decision Date:	11/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/15/2015

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: 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 54 year old male, who sustained an industrial injury on 10-7-13. The documentation on 8-12-15 noted that the injured worker has complaints of left shoulder and wrist and neck pain, right shoulder pain due to compensation from left shoulder. Left shoulder range of motion is mildly decreased and there is decreased grip strength and left hand. Tenderness to palpation on lateral aspect of left wrist weak grip. The documentation on 8-10-15 noted that the injured worker feels that he is doing well, that his mood is improving and sometimes he is doing well and sometimes he can be doing better. His sleep is improving although he states that his energy is not a whole lot and his concentration is so-so, but he is not sure what to attribute it to. The diagnoses have included left shoulder status post-surgery; left wrist injury history fracture; right shoulder pain; cervical degenerative disc disease and myofascial pain. Treatment to date has included escitalopram; gabapentin; naproxen; omeprazole; lidopro cream; home exercise program; transcutaneous electrical nerve stimulation unit; heating pad and TheraCane. The original utilization review (8-24-15) non-certified the request for omeprazole 20mg quantity 60; lidopro cream as needed 121 gram quantity 1; gabapentin trial or 1 in the morning 2 hours #1 and naproxen 550mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines recommend that if a patient is at intermediate risk for gastrointestinal events and has no cardiovascular disease, then a non-selective NSAID with a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) can be used. The following is used to determine if a patient is at risk for gastrointestinal events: "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 (e.g., NSAID + low-dose ASA)." The submitted documentation lacks a discussion of previous gastrointestinal events or specific gastrointestinal risk factors, which would warrant a proton, pump inhibitor. The injured worker is prescribed Naprosyn 550mg but merely taking a nonselective NSAID does not warrant a proton pump inhibitor as per the Chronic Pain Medical Treatment Medical Guidelines. Furthermore, the explanation of justification for PPI contains only general citation without mentioning the specific factors in this worker which would warrant this medication. This request is not medically necessary.

Lidopro Cream as needed 121gm quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: LidoPro ointment is a topical formulation that includes Capsaicin 0.0325%, Lidocaine, Menthol 10%, and Methyl Salicylate 27.5%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The Chronic Pain Medical Treatment Guidelines provides guidelines on topical capsaicin in two separate sections. On pages 28-29 the following statement regarding topical capsaicin is made: "Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy, and post- mastectomy pain). There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." LidoPro ointment has Capsaicin 0.0325%. Therefore based on the guidelines, LidoPro topical is not medically necessary.

Gabapentin trial or 1 in AM 2 hours #1: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of some improvement in sleep and this medication in conjunction with other pain medications help the worker about 30-40%. This is noted in a progress note on date of service 8/12/15. However, the manner in which this is requested is not appropriate as the dosage and directions for use are not correctly specified. Given this, the current request is not medically necessary.

Naproxen 550mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Naproxen is providing some analgesic benefit. A progress note from date of service 8/12/15 indicates that the medication regimen helps 30-40% (which includes gabapentin as well). Given this benefit, and the musculoskeletal nature of the pain, it is appropriate to continue this medication.