

<b>Case Number:</b>	CM15-0188440		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/21/2007
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Texas, New York, 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 applicant is a represented 49-year-old who has filed a claim for chronic neck, shoulder, wrist, and finger pain reportedly associated with an industrial injury of June 21, 2007. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve requests for Prilosec, Neurontin, and Lenza patches. The claims administrator referenced an August 18, 2015 office visit and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 18, 2015, Prilosec, Neurontin, and Lenza patches were endorsed. On an associated office visit dated August 18, 2015, the applicant reported 8/10 neck and shoulder pain complaints with associated upper extremity paresthesias. The applicant had undergone a trigger finger release surgery, it was reported. The applicant was on Tylenol and Advil. The applicant was described as having issues with stomach upset. The applicant was asked to stop NSAIDs and employ omeprazole, Neurontin, and Tylenol for pain relief. The attending provider stated that unspecified topical patches were ameliorating the applicant's pain complaints. The applicant's work status was not clearly reported. 8/10 pain was reported toward the top of the note. The applicant was given diagnoses of myofascial pain syndrome, de Quervain's tenosynovitis, carpal tunnel syndrome, and trigger finger status post trigger finger release surgery. The applicant reported heightened complaints of back pain, it was stated.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Gabapentin 100mg for 2 months #90: 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:** No, the request for gabapentin (Neurontin), an anti-convulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant reported heightened complaints of pain, 8/10, on the August 18, 2015 office visit at issue. The applicant's work status was not detailed, suggesting that the applicant was not working. The applicant's complaint of upper extremity paresthesias was seemingly heightened on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

### **Lenza patch OD #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Introduction. Decision based on Non-MTUS Citation PNA | Buy Lenza Gel & Patch Wholesale | Bulk Lidocaine [www.pnarx.com/index.php/lenza-products/Lenza delivers Lidocaine HCL 4.00% and Menthol 1.00% through the skin as a gel or a patch](http://www.pnarx.com/index.php/lenza-products/Lenza%20delivers%20Lidocaine%20HCL%204.00%20and%20Menthol%201.00%20through%20the%20skin%20as%20a%20gel%20or%20a%20patch).

**Decision rationale:** Similarly, the request for topical Lenza (lidocaine) patches was likewise not medically necessary, medically appropriate, or indicated here. Lenza, per the product description, is an amalgam of lidocaine and menthol. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine, i.e., the primary ingredient in the compound, is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there have been a trial of first-line therapy with anti-depressants and/or anti-convulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendation. Here, however, the applicant reported heightened pain complaints in the 8/10 range on the August 18, 2015 office visit at issue. The applicant's work and functional status were not detailed, suggesting that the applicant was not, in fact, working. Pain complaints in the 8/10 range were reported on August 18, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Omeprazole 50mg #90: Overturned**

**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:** Finally, the request for omeprazole (Prilosec), a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here on the August 18, 2015 office visit in the form of the applicant's Motrin-induced dyspepsia. Usage of omeprazole was indicated to ameliorate the same. Therefore, the request was medically necessary.