

Case Number:	CM15-0188515		
Date Assigned:	09/30/2015	Date of Injury:	10/09/2013
Decision Date:	12/04/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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 51-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 9, 2013. In a Utilization Review report dated September 15, 2015, the claims administrator approved/ partially approved a request for Neurontin while denying a request for topical LidoPro outright. The claims administrator referenced an RFA form received on September 8, 2015 and an associated office visit dated August 31, 2015 in its determination. The applicant's attorney subsequently appealed. On August 4, 2015, the applicant reported 8/10 neck and shoulder pain complaints. The applicant was asked to continue Neurontin. Ultrasound therapy was performed in the clinic. LidoPro ointment was also continued. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. On July 31, 2015, work restrictions were, once again, endorsed. 7/10 shoulder pain complaints were reported. The applicant was using both LidoPro and Neurontin, the treating provider reported, both of which were seemingly renewed. Little seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Gabapentin 300 mg: 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 anticonvulsant 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 (Neurontin) 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 pain complaints as high as 7/10 on July 13, 2015 and as high as 8/10 on August 4, 2015. It did not appear that the applicant was working with work restrictions in place, although this was not explicitly stated. The attending provider failed to identify a meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing gabapentin usage. Ongoing usage of gabapentin failed to curtail the applicant's dependence on topical compounds such as the LidoPro agent also at issue. Work restrictions were renewed on office visits of July 13, 2015 and August 4, 2015, seemingly unchanged from visit to visit. 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 is not medically necessary.

One container of Lidopro 121 grams: 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): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - LIDOPRO-capsaicin, lidocaine, menthol and dailymedqa.nlm.nih.gov/dailymed/4/drugInfo.cfm?setid=ef3f3597, FDA Guidances & Info; NLM SPL Resources. Download, Label: LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment, Capsaicin 0.0325%.

Decision rationale: Similarly, the request for topical LidoPro was likewise not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the compound in question, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals, prior to introduction, selection, and/or ongoing usage of the capsaicin-containing LidoPro compound at issue. Therefore, the request is not medically necessary.