

Case Number:	CM15-0188951		
Date Assigned:	10/14/2015	Date of Injury:	01/07/2009
Decision Date:	12/16/2015	UR Denial Date:	09/11/2015
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: New York
 Certification(s)/Specialty: Anesthesiology

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 41 year old female, who sustained an industrial injury on 1-7-09. The injured worker is being treated for myofascial pain syndrome, repetitive strain injury of bilateral upper extremities; bilateral lateral epicondylitis and status post left wrist surgery. Hydrocodone and Hydromorphone were detected in urine toxicology screen dated 4-7-15 and no medications were detected in urine toxicology screen dated 6-2-15. Treatment to date has included trigger point injections of epicondyle, oral medications including Naproxen (since at least 4-7-15), Omeprazole (since at least 4-7-15), Fexmid (since at least 4-7-15), Gabapentin (since at least 4-7-15) and topical LidoPro; home exercise program, transcutaneous electrical nerve stimulation (TENS) unit, left wrist surgery and activity modifications. On 6-2-15 the injured worker complained of increased numbness in left hand with cyst on left wrist, increased pain in right wrist and notes benefits with medications and on 9-1-15, the injured worker complains of increased pain of left hand and wrist and notes benefit with medications. She is currently working full time. Documentation does not indicate level of pain relief following or prior to medications administration, duration of pain relief or improved function with use of medications. Physical exam performed on 6-2-15 and on 9-1-15 revealed bilateral wrist tenderness, restricted range of motion of left wrist, positive Tinel's sign and acute spasm of bilateral wrists. Request for authorization was submitted dated 9-1-15 for Naproxen, omeprazole, LidoPro, Neurontin and Flexeril. On 9-11-15 request for Naproxen, omeprazole, LidoPro, Neurontin and Flexeril was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Naproxen Sod (Anaprox) 550mg #100 with 1 refill (DOS 9/1/15): Upheld

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

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

Decision rationale: Naproxen (Aleve, Anaprox or Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication was not established. The request for Naproxen is not medically necessary.

Retrospective request for Omeprazole (Prilosec) 20mg #100 (DOS 9/1/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter: Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the CA MTUS, proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There was no documentation indicating the patient has any GI symptoms or GI risk factors. Medical necessity for Omeprazole was not established. The requested medication is not medically necessary.

Retrospective request for Fexmid (Flexeril) 7.5mg #90 with 2 refills (DOS 9/1/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Fexmid (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to the reviewed literature, Fexmid is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment and it is not recommended for longer than 2-3 weeks. According to the CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication was not established. The requested treatment is not medically necessary.

Retrospective request for Lidopro 4% ointment 121 grams with 1 refill (DOS 9/1/15):
Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested topical analgesic compound, LidoPro ointment, contains: Capsaicin, Lidocaine, Menthol and Methyl Salicylate. The MTUS guidelines state that Lidocaine is not recommended for topical application for treatment of neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded to, or are intolerant to other treatments. Medical necessity for the requested topical analgesic compound was not established. The requested topical compound is not medically necessary.

Retrospective request for Gabapentin (Neurontin) 600mg #100 with 2 refills (DOS 9/1/15):
Upheld

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

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

Decision rationale: According to the CA MTUS, Gabapentin (Neurontin) is an anti-epilepsy drug (AED) 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. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the indications and specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. Gabapentin was not medically necessary based on the lack of any clear indication, the lack of any reports which address this medication, and the lack of significant symptomatic and functional benefit from its use to date. Medical necessity for Gabapentin was not established. The requested medication is not medically necessary.