

Case Number:	CM15-0201180		
Date Assigned:	10/16/2015	Date of Injury:	12/18/2008
Decision Date:	12/29/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/13/2015

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: Internal 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 40 year old female, who sustained an industrial injury on 12-18-2008. The injured worker is undergoing treatment for shoulder joint pain, upper arm pain in joint, wrist pain with radial peripheral neuropathy, overuse syndrome, hypermobility syndrome, cervical strain-sprain and myofascial pain. Medical records dated 9-5-2015 indicate the injured worker complains of neck, left shoulder, right elbow and right wrist-hand pain that comes and goes rated 5 out of 10. She reports medication provides 50% relief. The treating physician indicates she is working full time. Physical exam dated 9-5-2015 notes cervical, shoulder and elbow tenderness to palpation, increased right wrist and thumb tenderness, cervical decreased range of motion (ROM) and painful decreased shoulder range of motion (ROM). Treatment to date has included Lidopro patch, home exercise program (HEP), Transcutaneous Electrical Nerve Stimulation (TENS) unit, Diclofenac, The original utilization review dated 10-12-2015 indicates the request for Lidopro Patch #15 frequency and refills not specified, Gabapentin 300mg #30, Diclofenac sodium ER 100 mg #60 refills not specified and omeprazole 20 mg (2x a day) #60 refills Unspecified is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Patch Qty 15 Frequency and Refills Not Specified: 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: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Lidopro is a topical analgesic containing capsaicin, lidocaine, menthol, and methyl salicylate. MTUS provides no evidence recommending the use of topical Menthol. MTUS guidelines state that non-dermal patch formulations of Lidocaine such as creams, lotions and gels, are not indicated for treatment of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Lidopro Patch Qty 15 Frequency and Refills Not Specified is not medically necessary.

Gabapentin 300 MG Qty 30: 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): Antiepilepsy drugs (AEDs).

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). 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. The injured worker complaints of right upper extremity pain with diagnosis of radial peripheral neuropathy. Documentation fails to show significant objective improvement in pain or level of function to support the medical necessity for continued use of Gabapentin. The request for Gabapentin 300 MG Qty 30 is not medically necessary by MTUS.

Diclofenac Sodium ER 100 MG Qty 60 Refills Not Specified: 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 rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors.

There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker complains of chronic low back pain without evidence of significant objective improvement in pain on current medication regimen, which includes Ibuprofen. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant objective improvement in pain on current medication regimen. Furthermore, MTUS does not recommend Diclofenac as first line due to increased risk profile. With MTUS guidelines not being met, the request for Diclofenac Sodium ER 100 MG Qty 60 Refills Not Specified is not medically necessary.

Omeprazole 20 MG (2x A Day) Qty 60 Refills Unspecified: 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: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for Omeprazole 20 MG (2x A Day) Qty 60 Refills Unspecified is not medically necessary per guidelines.