

<b>Case Number:</b>	CM15-0055691		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	03/10/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Emergency 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 60 year old female, who sustained an industrial injury on 03/10/2012. Treatment to date has included home therapy, medications, MRI and shoulder surgery. Medications included Gabapentin, Norco, Xanax, Prilosec and Ketoprofen/Gabapentin/Tramadol topical cream. According to an orthopaedic evaluation dated 01/27/2015, the injured worker was seen for severe neck pain, severe right shoulder pain and moderate left shoulder pain. Diagnoses included complete rotator cuff tear of the supraspinatus of right shoulder with 6 centimeter retraction plus posttraumatic arthrosis of the acromioclavicular joints severe, cervical spine disc herniation of 2 millimeters at C5-6, anxiety, insomnia, rotator cuff repair and arthroscopic subacromial decompression of the right shoulder and application of abduction brace on 07/27/2012, possible complex regional pain syndrome right upper extremity, adhesive capsulitis of the right shoulder post-op, left shoulder overuse with pain and left shoulder consequential injury from overuse. Treatment plan included continuance of current medications. A handwritten progress report dated 03/10/2015 that was submitted for review was illegible. On 03/10/2015 the provider requested authorization for topical creams, Prilosec and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin, Ketoprofen, Tramadol topical cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Recommended as an option as indicated below; Largely experimental in use with few randomized controlled trials to determine efficacy or safety, Primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound includes gabapentin, an oral medication meant to treat neuropathic pain. Gabapentin is not recommended for use by topical formulation, as there is no peer-reviewed literature to support use. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Tramadol is a synthetic opioid analgesic that acts on the central nervous system. The request as written is not supported by the MTUS and is therefore not medically necessary.

**Prilosec 20mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request is for Prilosec 20mg #90, or omeprazole, which is a proton-pump inhibitor meant for the treatment of issues related to the upper GI system. The MTUS guidelines support the use of proton-pump inhibitors for those injured workers at risk for intermediate risk for gastrointestinal events who require a non-steroidal anti-inflammatory drug for treatment of chronic pain. The medication list for the injured worker does not include a non-steroidal anti-inflammatory drug. Therefore, the MTUS guidelines do not support the request as written and it is not medically necessary.

**Gabapentin 300 mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Anti-epilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** The request is for gabapentin, an anti-epileptic medication that is utilized for the treatment of neuropathic pain. Gabapentin also is supported for trial use in chronic-regional pain syndrome, and fibromyalgia. There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect may be related to an anti-anxiety effect. Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated. However, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, and dry mouth. The recommended trial period with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. The injured worker has a possible diagnosis of chronic regional pain syndrome. There appears to be some component of anxiety, evidenced by the ongoing use of Xanax. The injured worker may actually be a good candidate for a trial period with gabapentin. Further use would require clear reassessment and documentation by the treating physician of a clear benefit in regards to pain and functional capacity. The MTUS guidelines do support the trial use of gabapentin in this situation, and the request as written is therefore found to be medically necessary.