

<b>Case Number:</b>	CM15-0085536		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: 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 injured worker is a 56-year-old female, who sustained an industrial injury on 12/10/12. She reported initial complaints of bilateral elbow pain. The injured worker was diagnosed as having repetitive strain injury bilateral; lateral epicondylitis bilateral elbow; insomnia. Treatment to date has included physical therapy; elbow injections; arm cast; acupuncture; status post left lateral elbow decompression surgery (11/12/13); occupational therapy; TENS unit therapy; medications. Diagnostics included EMG/NCV upper extremities (4/4/14). Currently, the PR-2 notes dated 4/6/15 indicated the injured worker complains of continued bilateral elbow pain with the right greater than the left. The pain interferes with her activities of daily living and sleep. She also complains of bilateral wrist pain, numbness, and tingling into the 3rd and 4th digits of bilateral hands. She feels her fingers are "jammed" and is preparing to move soon and has noticed an increase in pain with packing even though she is doing it slowly to avoid pain. She wants to continue her medications regime with this provider and notes the medications help with 30-40% of her symptoms. The injured worker notes the paraffin baths are helpful to reduce her elbow pain and the TENS unit is very helpful. She also notes the LidoPro ointment is beneficial. The provider has requested Escitalopram 10mg, QTY: 30; Gabapentin 300mg, QTY: 90; Lidopro Cream, QTY: 4 oz.; Naproxen 550mg, QTY: 60; Omeprazole 20mg, QTY: 60 and TENS unit patches x2 pairs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg, QTY: 90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 19.

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 300mg, QTY: 90 is not medically necessary.

**Naproxen 550mg, QTY: 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Naproxen 550mg, QTY: 60 is not medically necessary.

**Omeprazole 20mg, QTY: 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no

documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg, QTY: 60 is not medically necessary.

**Escitalopram 10mg, QTY: 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. This patient does not carry a diagnosis of depression. Escitalopram 10mg, QTY: 30 is not medically necessary.

**Lidopro Cream, QTY: 4 oz.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 111-112.

**Decision rationale:** Lidopro lotion is a compounded medication, which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, and Menthol 10%, Capsaicin 0.0325%. It is classified by the FDA as a topical analgesic. There is little to no research to support the use of many Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the Chronic Pain Medical Treatment Guidelines, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidopro Cream QTY: 4 oz. is not medically necessary.

**TENS patches x 2 pairs: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 68.

**Decision rationale:** The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that the patient meets the criteria necessary for TENS unit patches refill purchase as she has completed a successful one-month trial of a rental TENS unit and noted significant functional improvement. I am reversing the previous utilization review decision. TENS patches x 2 pairs is medically necessary.