

Case Number:	CM15-0113012		
Date Assigned:	06/19/2015	Date of Injury:	03/06/2007
Decision Date:	07/27/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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, North Carolina

Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 3/06/2007. Diagnoses include reflex sympathetic dystrophy of upper limb, brachial neuritis or radiculitis and myalgia/myositis. Treatment to date has included medications including Gabapentin, Norco, Omeprazole, Lidocaine, Cymbalta, Klonopin and Wellbutrin. Per the Primary Treating Physician's Progress Report dated 3/24/2015, the injured worker reported left and right upper extremity pain. She rated his pain as 6/10 with radiation to the bilateral elbows, forearms, wrists and hands. She states that medications are less effective. Physical examination of the cervical spine revealed restricted range of motion with flexion to 30 degrees, extension to 30 degrees, right lateral bending to 20 degrees, and left lateral bending to 20 degrees. Paravertebral muscles are described as normal. No spinal process tenderness is noted. Spurling's maneuver caused pain in the muscles of the neck with no radicular symptoms. The plan of care included oral and topical medications and authorization was requested for Omeprazole, LidoPro ointment and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: MTUS Chronic Pain Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for GI events with NSAID use. In this case the patient has no subjective GI complaints or risk factors for a GI event. Thus there is no indication for the use of Omeprazole and the request is not medically necessary.

Lidopro 4-5% ointment 4.5%-27.5%-0.0325%-10%: Upheld

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

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

Decision rationale: The request for LidoPro is not medically necessary according to MTUS Guidelines. Topical lidocaine is recommended for neuropathic pain in localized peripheral areas when first-line agents such as antidepressants and anticonvulsants have failed. Topical lidocaine in the form of a dermal patch is the only approved formulation that is recommended. No other formulations of lidocaine are recommended for neuropathic pain. The formulation requested has multiple agents, thus LidoPro is not recommended. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore this request is not medically necessary.

Gabapentin 600 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16.

Decision rationale: The CA MTUS Guidelines indicate that Gabapentin has been shown to be effective for treatment of painful diabetic neuropathy and post-herpetic neuropathy and has been considered as a first-line agent for neuropathic pain. The clinical documentation submitted in this case, fails to provide documentation of the patient's functional response to the medication, and as such, failed to demonstrate the efficacy of the drug. There is also no documentation of significant pain relief from the Gabapentin. Therefore, the request for continuing Gabapentin is not medically necessary.