

Case Number:	CM15-0114296		
Date Assigned:	06/22/2015	Date of Injury:	07/19/2006
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/13/2015

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, Pulmonary Disease

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 45 year old female, who sustained an industrial injury on 7/19/06. The diagnoses have included cervical degenerative disc disease (DDD), superior labral tear from anterior to posterior (SLAP) tear, carpal tunnel syndrome, right wrist post-operative chronic pain, and left and right labrum tendon complex. Treatment to date has included medications, activity modifications, splinting, diagnostics, heat, acupuncture, physical therapy, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 5/29/15, the injured worker complains of chronic bilateral shoulder and neck pain that radiates to the bilateral upper extremities with numbness and tingling. The pain is rated 6/10 on pain scale. It is noted that she feels that topical creams are very helpful in managing the pain and that she prefers not to take many oral medication. It is also noted that her pain has increased since she has not received her Flector patch which she stated managed the pain very effectively. It is also noted that she could not tolerate Naproxen due to stomach upset and acupuncture has been very helpful in managing her neuropathic pain. The objective findings reveal decrease left shoulder abduction about 80 degrees, and flexion about 90 degrees, tenderness to palpation in the left shoulder and diffuse tenderness to palpation in the trapezius. The current medications included Gabapentin, Omeprazole, and Lidopro cream. There is no previous diagnostic reports noted and there is no previous acupuncture or physical therapy sessions noted in the records. The physician requested treatments included Lidopro cream 121gm, Gabapentin 100mg quantity of 90, Omeprazole 20mg quantity of 60, and transcutaneous electrical nerve stimulation (TENS) patch quantity of 2 pairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm: 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 patient is a 45 year old female with an injury on 07/19/2006. She has cervical degenerative disc disease, a SLAP lesion, carpal tunnel syndrome with post operative right wrist pain. On 05/29/2015 she had bilateral shoulder pain and neck pain. Lidocaine cream is not a MTUS recommended treatment and is not medically necessary for this patient.

TENS patch Qty 2 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188, Chronic Pain Treatment Guidelines TENS Page(s): 114 - 116.

Decision rationale: The patient is a 45 year old female with an injury on 07/19/2006. She has cervical degenerative disc disease, a SLAP lesion, carpal tunnel syndrome with post operative right wrist pain. On 05/29/2015 she had bilateral shoulder pain and neck pain. A TENS unit is not a MTUS recommended treatment. It is not medically necessary for this patient. Thus, the TENS patches are not medically necessary.

Gabapentin 100mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The patient is a 45 year old female with an injury on 07/19/2006. She has cervical degenerative disc disease, a SLAP lesion, carpal tunnel syndrome with post operative right wrist pain. On 05/29/2015 she had bilateral shoulder pain and neck pain. MTUS, chronic pain guidelines note that Gabapentin (Neurontin) is FDA approved treatment for diabetic neuropathy and post herpetic neuropathy. The patient does not have any of these conditions and Neurontin is not medically necessary for this patient.

Omeprazole 20mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular risk Page(s): 68 - 69.

Decision rationale: The patient is a 45 year old female with an injury on 07/19/2006. She has cervical degenerative disc disease, a SLAP lesion, carpal tunnel syndrome with post operative right wrist pain. On 05/29/2015 she had bilateral shoulder pain and neck pain. MTUS, chronic pain guidelines note criteria for the medical necessity for proton pump inhibitors (PPI) include patient age of 65 or higher, history of GI bleeding or peptic ulcer disease or taking anticoagulants. The patient documentation does not meet these criteria and the requested PPI is not medically necessary.