

Case Number:	CM15-0128681		
Date Assigned:	08/03/2015	Date of Injury:	08/04/2011
Decision Date:	09/25/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/02/2015

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: Physical Medicine & Rehabilitation

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 30-year-old female, who sustained an industrial injury on 08-04-2011. She has reported subsequent low back and lower extremity pain and was diagnosed with lumbar disc displacement and sciatica. Treatment to date has included medication, a home exercise program and aquatic therapy. Capsaicin cream, Gabapentin and Pantoprazole were prescribed since at least 01-07-2015. Progress notes dated 01-07-2015, 03-23-2015 and 04-21-2015 note continued severe pain, decreased function and activities of daily living. In a progress note dated 05-26-2015, the injured worker reported no significant change in pain complaints and reported continued back pain radiating to the lower extremities. Pain medication was noted to reduce pain from 8-9 out of 10 to 5 out of 10 and the physician noted that the injured worker was better able to perform activities of daily living. Objective findings were notable for morbid obesity and an antalgic gait. Work status was documented as permanent and stationary. A request for authorization of Capsaicin 0.075% cream #2, Gabapentin 600 mg #60 and Pantoprazole 20 mg #60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream #2: 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.

Decision rationale: The 30-year-old patient complains of low back pain, and has been diagnosed with lumbar disc displacement, sacrum disorders, and sciatica, as per progress report dated 06/23/15. The request is for Capsaicin 0.075% cream #2. There is no RFA for this case, and the patient's date of injury is 08/04/11. Medications, as per progress report dated 06/23/15, included Buprenorphine, Capsaicin cream, Venlafaxine, Gabapentin and Pantoprazole. The patient is not working, and is permanent and stationary, as per progress report dated 01/07/15. The MTUS guidelines p111 and Topical Analgesics section on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, a prescription for Capsaicin cream is first noted in progress report dated 01/07/15, and the patient has been using the medication consistently since then. It is not clear when the cream was first prescribed. The treater does not explain why this cream was chosen over other medications. In progress report dated 05/26/15, the treater states that medications help reduce pain from 8-9/10 to 5/10 and help the patient perform activities of daily living such as walking and carrying light objects. In an appeal letter dated 07/14/14 (after the UR denial date), the treater states that the patient suffers from neuropathic pain for which Capsaicin cream is indicated. While the guidelines support the use of Lidocaine in form of a patch for neuropathic pain; creams, lotions and gels are not supported. Hence, the request is not medically necessary.

Gabapentin 600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

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

Decision rationale: The 30-year-old patient complains of low back pain, and has been diagnosed with lumbar disc displacement, sacrum disorders, and sciatica, as per progress report dated 06/23/15. The request is for Gabapentin 600mg #60. There is no RFA for this case, and the patient's date of injury is 08/04/11. Medications, as per progress report dated 06/23/15, included Buprenorphine, Capsaicin cream, Venlafaxine, Gabapentin and Pantoprazole. The patient is not working, and is permanent and stationary, as per progress report dated 01/07/15. MTUS has the following regarding Gabapentin on pg 18, 19, Specific Anti-epilepsy Drugs section: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Gabapentin is first noted in progress report dated 01/07/15, and the patient has been using the medication consistently since then. It is not clear when the medication was first prescribed. In progress report dated 06/23/15, the treater states that "Gabapentin reduces her neuropathic symptoms in her legs

including numbness and tingling from 10/10 to 6-7/10. She says she can sleep better through night as leg symptoms do not wake her up as much. She also states that she can walk for longer periods because she has less tingling." In an appeal letter, dated 07/14/15 (after the UR denial date), the treater states the patient has low back pain radiating to right lower extremity along with numbness and weakness, and use of Gabapentin is appropriate due to her neuropathic symptoms. Given the documentation of efficacy and diagnoses of neuropathic pain, the request for Gabapentin appears reasonable and is medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

Decision rationale: The 30-year-old patient complains of low back pain, and has been diagnosed with lumbar disc displacement, sacrum disorders, and sciatica, as per progress report dated 06/23/15. The request is for Pantoprazole 20mg #60. There is no RFA for this case, and the patient's date of injury is 08/04/11. Medications, as per progress report dated 06/23/15, included Buprenorphine, Capsaicin cream, Venlafaxine, Gabapentin and Pantoprazole. The patient is not working, and is permanent and stationary, as per progress report dated 01/07/15. Regarding Protonix, MTUS p68, section NSAIDs, GI symptoms & cardiovascular risk allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Of GI issues. Recommendation is for denial. Specific request, however FDA indications www.drugs.com/pro/protonix.html, are present "Protonix- Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I. V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis." In this case, a prescription for Pantoprazole is first noted in progress report dated 01/07/15. It is not clear when the medication was prescribed for the first time. In progress report dated 01/07/15, the treater states that Protonix is not very effective and hence Omeprazole is being trialed. Progress report dated 04/21/15, however, again documents the use of Pantoprazole. The treater does not explain the reason for the switch. In progress report dated 06/23/15, the treater states that Protonix "helps to reduce the burning sensation in the chest and stomach." In an appeal letter dated 07/14/15 (after the UR denial date), the treater states that the patient "has a history of GI upset secondary to the use of Hydrocodone" and "the patient is at risk for gastrointestinal complications." The treater believes that concurrent use of Pantoprazole will benefit the patient. However, the progress reports do not document what specific GI symptoms the patient is suffering from. The patient is not on any oral NSAIDs for which a prophylactic use of a PPI may be indicated. There is no risk profile provided as required by MTUS. Protonix is typically indicated for GERD associated with history of Erosive Esophagitis, and for short-term use. The request is not medically necessary.