

Case Number:	CM15-0128977		
Date Assigned:	07/15/2015	Date of Injury:	04/22/2008
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 56 year old female, who sustained an industrial injury, April 22, 2008. The injured worker previously received the following treatments Gabapentin, Prilosec, Compound creams, discontinued Naproxen, Hydrocodone, Flexeril and Terocin Patches. The injured worker was diagnosed with status post left cubital tunnel release/ulnar nerve neurolysis, ulnar neuropathy, sympathetic dystrophy component (sympathalgia) of the left upper extremity, cervicgia, cervical facet joint pain and left shoulder impingement syndrome. According to progress note of May 21 2015, the injured worker's chief complaint was cervical spine pain and moderate spasms with radiation into the left upper extremity. The injured worker rated the pain at 8 out of 10. The left upper extremity had moderately severe dysesthesias of the left upper extremity with ulnar neuralgia. The injured worker was complaining of sleep disturbances and depression and weight gain. The physical exam noted decrease range of motion in the cervical spine and left shoulder in all planes. The treatment plan included prescription for 3 compound 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:

3 Compound Topical Creams 20%: 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: 3 Compound Topical Creams 20% are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per MTUS guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Without clarification of what medications or components are of these topical creams this request is not medically necessary.

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Comp, Online Version, Chapter: Pain (Chronic).

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

Decision rationale: Prilosec 20mg, #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria: (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 (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec is not medically necessary.

Gabapentin 600mg, #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy, NSAIDs Gi Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: Gabapentin 600mg, #80 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of anti-epileptics such as Gabapentin there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Gabapentin, however there is no discussion or evidence of functional improvement or efficacy from this medication. Therefore the request for continued Gabapentin is not medically necessary.