

Case Number:	CM15-0175674		
Date Assigned:	09/17/2015	Date of Injury:	02/26/2011
Decision Date:	10/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/08/2015

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 61-year-old female with an industrial injury dated 02-26-2011. Medical record review indicates she was being treated for strain-shoulder unspecified site, pain in joint, upper arm, myofascial pain, moderate-severe supraspinatus tendinosis, sleep issues and history diabetes type 2 non-industrial. She presents on 08-20-2015 with complaints of "constant, moderate to severe pain in her left shoulder." Pain is documented as radiating down from the neck to the left elbow. The provider documents the injured worker uses her right arm more to compensate for her left shoulder pain and was noticing, more right arm pain. The provider also documented Gabapentin 100 mg twice daily has proven to control pain and keeps her from increasing Tramadol. Review of documentation notes she is taking Tramadol-APAP 37.5-325 mg twice a day to keep her functionality. Her pain level is documented as 6. In prior notes her pain was rated as follows: 08-10-2015. 6 - 07-20-2015. 7 - 06-22-2015. 9 - 05-18-2015. 7. Her medications are listed as Gabapentin, Tramadol-APAP, Lunesta, Lidopro cream and Omeprazole. CURES are documented as no aberrant behaviors noted. Physical exam documented tenderness to palpation of left trapezius, right knee joint line, lumbar paraspinal and lateral right elbow. In the 05-18-2015 note there is a reference to a functional capacity evaluation which notes: "She does appear to qualify for the sedentary work physical demands as defined within the US department of labor's physical demand characteristics of work." Specific work status is not available. Prior treatment included walking, physical therapy, home exercise program, ultrasound therapy, TENS and medications. Review of medical records indicates the injured worker was taking Gabapentin on 03-09-2015. The progress note dated 06-22-2015 request a refill for Lido cream. The request for authorization dated 08-20-2015 is for Lidopro ointment 121 gm and Gabapentin 100 mg #60. On 09-04-2015, the request for Lidopro ointment

121 gm and Gabapentin 100 mg #60 was denied by utilization review. Medications are office dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS Guidelines are very specific with the recommendation that only FDA/Guideline supported topical agents and delivery systems be utilized. The Guidelines also specifically state that Lidocaine applications in the form of creams or ointments are not recommended. There are alternative recommendations. The MTUS Guidelines do not support the Lidoderm cream and there are no unusual circumstances to justify an exception to the Guidelines. The Lidopro ointment 121gm is not medically necessary.

Gabapentin 100mg #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 Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: MTUS Guidelines supports the use of Gabapentin for specific pain syndromes which includes neuropathic pain. The Guidelines also recommend at least a 30% improvement in pain levels to support its long-term use. Neither of these standards has been met. There is noted to be shoulder discomfort with radiation, but the characteristics of pain necessary to make a diagnosis of neuropathic pain are not present in the records available for review. At this point in time, the Gabapentin 100mg #60 is not supported by Guidelines and is not medically necessary.