

Case Number:	CM15-0039304		
Date Assigned:	03/09/2015	Date of Injury:	01/13/2009
Decision Date:	04/20/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/02/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 58-year-old male who sustained a work related injury on January 13, 2009, incurring the right wrist and left shoulder. He was diagnosed with headache, left shoulder impingement syndrome, cervical sprain, strain, and cervical radiculitis. Treatment included topical medication and pain medications. Currently, the injured worker complained of constant bilateral lower extremity pain and neck pain radiating down into the upper extremities. There were objective findings of tenderness of the paraspinal muscles and decreased range of motion of the cervical spine. The injured worker continued pain management for the shoulder injury. The medications listed are Gabapentin, Docuprene and LidoPro. The IW is also utilizing Hydrocodone and an antidepressant medication from his regular non-WC primary care provider. The Utilization Review determination was rendered recommending non certification for Gabapentin 100mg #90 with 3 bottles, Docuprene #60 2 bottles, LidoPro Cream are provider. The Utilization Review determination was rendered recommending non certification for Gabapentin 100mg #90 with 3 bottles, Docuprene #60 2 bottles, LidoPro Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg QTY: 90 with 3 bottles: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic and radiculopathy pain. The use of anticonvulsant is associated with reduction in pain and mood stabilization in chronic pain patient with co-existing psychosomatic symptoms. The records indicated that the patient was diagnosed with lumbar radiculopathy, insomnia and depression. There is documentation of efficacy and functional restoration with the use of gabapentin. There is no documentation of adverse medication effects. The criteria for the use of gabapentin 100 mg #90 with 3 bottles was met.

Docuprene QTY: 60 with 2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG recommend that prophylaxis against constipation be instituted during chronic opioid treatment. The records shows that the patient is utilizing opioid medications from another provide outside the WC program. There is no documentation of the dosage of opioid or if other non-medication measures such as increase in fluid and fiber intake have been implemented. The criteria for the use of Docuprene #60 with 2 bottles were not met.

LidoPro Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 111-112, and 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic product.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant medications. The records did not indicate the presence of localized neuropathic pain such as CRPS. The patient is utilizing oral anticonvulsant medications. The LidoPro cream contains lidocaine 4.5%, capsaicin 0.0325%, salicylate 27.5% and menthol 10%. The guidelines recommend that topical medications be tried

and evaluated individually. There is lack of guidelines or FDA support for the chronic use of menthol and salicylate for the treatment of chronic musculoskeletal pain. The criterion for the use of LidoPro cream was not met.