

<b>Case Number:</b>	CM15-0066984		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 56 year old male, who sustained an industrial/work injury on 8/11/11. He reported initial complaints of neck, low back and left shoulder pain. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy and other afflictions of the shoulder region not elsewhere classified. Treatment to date has included medication, surgery (left shoulder decompression and labral repair with Mumford procedure, lysis of adhesions, and manipulation under anesthesia on 10/2013), pain management specialist, and injection. CT scan results were reported in 2014. Currently, the injured worker complains of neck, low back, and left shoulder pain. Per the physician's examination report on 3/19/15, there was tenderness across the cervical and lumbar paraspinal muscles bilaterally, pain along the facets, and pain with facet loading. The MRI reported disc disease and degenerative changes. The CT results reported foraminal narrowing at L5-S1, bilaterally; discogenic cervical condition with EMG's being unremarkable. The requested treatments include Gabapentin, LidoPro Lotion, and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-seizure meds Page(s): 16.

**Decision rationale:** The medical records provided for review do not indicate the presence of neuropathic pain condition for which MTUS supports treatment with Gabapentin, Recommended for neuropathic pain, and pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Therefore is not medically necessary.

**One (1) LidoPro Lotion 4 ounces:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topicals Page(s): 111.

**Decision rationale:** The medical records report joint pain but does not indicate failure of oral NSAIDS or demonstrate findings that contraindicate oral NSAIDS. MTUS supports topical NSAIDS for conditions where oral NSAIDS are not helpful or contraindicated. MTUS guidelines support that topical pain preparations are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records provided for review indicate a pain condition related to neurological condition but does not detail previous trials of antidepressants or anticonvulsants tried and failed or demonstrated to be intolerant. As such the medication records do not support the use of topical compound cream at this time as not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**Decision rationale:** MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do not document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such the medical records do not support a medical necessity for omeprazole in the insured congruent with ODG. Therefore is not medically necessary.