

Case Number:	CM15-0067493		
Date Assigned:	04/15/2015	Date of Injury:	08/30/2012
Decision Date:	05/20/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/09/2015

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, Massachusetts
 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 66 year old female, who sustained an industrial injury on August 30, 2012. Treatment to date has included shoulder surgery, physical therapy and medications. Currently, the injured worker complains of pain and requests medications for her pain. On examination, the injured worker has positive neurological findings with painful range of motion of the cervical spine, lumbar spine and bilateral wrists. Her treatment plan included transdermal medications and continuation of physical therapy. Her topical medications included cyclobenzaprine 10%/lidocaine 2%, Flurbiprofen 20%/Lidocaine 5% and Gabapentin 10%/Amitriptyline 5%/capsaicin 0.025%. Diagnoses associated with the request included bilateral shoulder impingement tendinitis, carpal tunnel syndrome and right DeQuervains, cervical disc with bilateral upper extremity neuritis and bilateral lower extremity neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Pantoprazole DR 20mg, #60 (DOS: 2/24/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Proton Pump Inhibitors (PPIs).

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

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record and the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. There is no diagnosis of gastritis reported in the clinic notes reviewed and no reported symptoms in the review of systems section. Additionally it is recommended that it be used at the lowest dose for the shortest possible amount of time. Considering lack of documented necessity, the medication does not appear to be medically necessary at this time.

Retrospective request for Cyclobenzaprine 10%/Lidocaine 2% 30gm (DOS: 2/24/15):
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 analgesic Page(s): 112--119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Cyclobenzaprine is not recommended as a compounded agent as it can be safely taken orally. Consequently, continued use of the above listed compounded agent is not supported at this time. The request is not medically necessary.

Retrospective request for Gabapentin 10%/Amitriptyline 5%/Capsaicin 0.025% 30gm (DOS: 2/24/15): 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 analgesic Page(s): 112-119.

Decision rationale: Chronic Pain Medical Treatment Guidelines Topical Analgesic, Page 112-119 According to CA MTUS guidelines topical analgesics are largely experimental and are only

indicated once first line oral agent for radicular pain such as lyrica or neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Gabapentinis not recommended as a compounded agent as it can be safely taken orally. Consequently, continued use of the above listed compounded agent is not supported at this time. The request is not medically necessary.