

<b>Case Number:</b>	CM15-0092782		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	07/01/1999
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Physical Medicine & Rehabilitation

### 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 64 year old female who sustained a work related injury July 1, 1999. According to a primary treating physician's progress report, dated April 23, 2015, the injured worker presented with continued chronic neck and shoulder pain. The pain is constant and dull is disturbing sleep and affecting activities of daily living. She also reports bilateral shoulder pain, low back pain and pain in the fingers of the left hand. There is an arthritic nodule DIP (distal interphalangeal joint) first digit, right hand. She is unable to make a fist with the left hand, unable to extend her fingers, left 4th digit, worse. Physician mentioned that stomach is improved with Omeprazole (not specified). Diagnoses are cervical degenerative disc disease; rotator cuff (capsule) tear, s/p surgery; post-operative chronic pain; myofascial pain. Treatment plan included continued self-care, TENS unit, home exercise program, pending hand specialist evaluation, and a request for authorization for Gabapentin, Lidopro, Naproxen, and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin page(s): 18-19.

**Decision rationale:** The patient presents with pain in the lower back, neck, bilateral shoulders, left hand and fingers. The request is for GABAPENTIN 100 MG #60. Patient is status post shoulder surgery, date unspecified. Physical examination to the cervical spine on 04/23/15 revealed tenderness to palpation and reduced range of motion. Examination to the left hand revealed that the patient is unable to make a fist and extend fingers. Patient's treatments have included medications and a TENS unit. Per 03/26/15 progress report, patient's diagnosis include cervical degenerative disc disease, rotator cu (capsule) tear s/p sur, post operative chronic pain, headache, myofascial pain, shoulder injury, and lumbago. Patient's medications per 04/23/15 progress report include Gabapentin, Naproxen, Omeprazole, Lidopro, and TENS patches. Patient is retired. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "a record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not discussed reason for the request. In review of the medical records provided, Neurontin was prescribed in progress reports 11/14/14 and 03423/15. However, the treater has not discussed how this medication significantly reduces patient's pain and helps with activities of daily living. MTUS page 60 states, "a record of pain and function with the medication should be recorded," when medications are used for chronic pain. The request does not meet all the criteria listed by MTUS, therefore, it IS NOT medically necessary.

**Naproxen 550 MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications page(s): 22, 60.

**Decision rationale:** The patient presents with pain in the lower back, neck, bilateral shoulders, left hand and fingers. The request is for NAPROXEN 550 MG #60. Patient is status post shoulder surgery, date unspecified. Physical examination to the cervical spine on 04/23/15 revealed tenderness to palpation and reduced range of motion. Examination to the left hand revealed that the patient is unable to make a fist and extend fingers. Patient's treatments have included medications and a TENS unit. Per 03/26/15 progress report, patient's diagnosis include cervical degenerative disc disease, rotator cu (capsule) tear s/p sur, post operative chronic pain, headache, myofascial pain, shoulder injury, and lumbago. Patient's medications per 04/23/15 progress report include Gabapentin, Naproxen, Omeprazole, Lidopro, and TENS patches. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of

non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "a record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not discuss this request. It appears that the treater is initiating Naproxen in progress report 04/23/15 as there are no records indicating prior use. The patient suffers from pain in the lower back, neck, bilateral shoulders, left hand and fingers. Given the patient's condition, a trial of this medication appears reasonable. Therefore, the request IS medically necessary.

**Omeprazole 20 MG #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk page(s): 69.

**Decision rationale:** The patient presents with pain in the lower back, neck, bilateral shoulders, left hand and fingers. The request is for OMEPRAZOLE 20 MG #60. Patient is status post shoulder surgery, date unspecified. Physical examination to the cervical spine on 04/23/15 revealed tenderness to palpation and reduced range of motion. Examination to the left hand revealed that the patient is unable to make a fist and extend fingers. Patient's treatments have included medications and a TENS unit. Per 03/26/15 progress report, patient's diagnosis include cervical degenerative disc disease, rotator cu (capsule) tear s/p sur, post operative chronic pain, headache, myofascial pain, shoulder injury, and lumbago. Patient's medications per 04/23/15 progress report include Gabapentin, Naproxen, Omeprazole, Lidopro, and TENS patches. Patient is retired. MTUS pg 69 states, "clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In progress report dated 04/23/15, treater states that the patient cannot tolerate NSAIDS without omeprazole and that her stomach is improved with it. Patient has been prescribed Omeprazole from 11/14/14 to 04/23/15. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. MTUS also allows the use of PPI for dyspepsia secondary to NSAID therapy. Given the patient's stomach issues, the request IS medically necessary.

**Lidopro Cream 121 Gram #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic page(s): 111-113.

**Decision rationale:** The patient presents with pain in the lower back, neck, bilateral shoulders, left hand and fingers. The request is for LIDOPRO CREAM 121 GRAM #1. Patient is status post shoulder surgery, date unspecified. Physical examination to the cervical spine on 04/23/15 revealed tenderness to palpation and reduced range of motion. Examination to the left hand revealed that the patient is unable to make a fist and extend fingers. Patient's treatments have included medications and a TENS unit. Per 03/26/15 progress report, patient's diagnosis include cervical degenerative disc disease, rotator cu (capsule) tear s/p sur, post operative chronic pain, headache, myofascial pain, shoulder injury, and lumbago. Patient's medications per 04/23/15 progress report include Gabapentin, Naproxen, Omeprazole, Lidopro, and TENS patches. Patient is retired. LidoPro cream contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. MTUS further states, "any compounded product that contains at least 1 (or a drug class) that is not recommended is not recommended." Patient has been prescribed Lidopro Cream on 03/26/15 and 04/23/15. In progress report dated 04/23/15, treater states that Lidopro cream helps patient managing her pain and keeping her oral pain medications minimally. However, the MTUS only supports Lidopro in a patch formulation and not as a cream, lotion, gel or other forms. Furthermore, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical cream contains Lidocaine, which is not supported for topical use in cream form per MTUS. Therefore the request IS NOT medically necessary.