

Case Number:	CM15-0098231		
Date Assigned:	05/29/2015	Date of Injury:	11/13/2007
Decision Date:	07/02/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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, New York, 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 applicant is a represented 67 year old who has filed a claim for chronic wrist, shoulder, and hand pain reportedly associated with an industrial injury of November 13, 2007. In a Utilization Review report dated May 14, 2015, the claims administrator partially approved a request for gabapentin, denied a request for Lidoderm patches, and denied a request for Voltaren gel. The claims administrator referenced a RFA form and associated progress note of May 6, 2015 in its determination. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant reported ongoing complaints of wrist, shoulder, and upper extremity pain. The applicant was apparently using Nucynta extended release, Norco, Neurontin, Naprosyn, Prilosec, Skelaxin, Lidoderm, Voltaren gel, Elavil, and a topical compounded cream, it was acknowledged. 5-6/10 pain with medications versus 9/10 pain without medications was reported. Performing activities of daily living as basic as lifting remained problematic. The attending provider posited that the applicant's ability to perform household chores had been ameliorated as a result of ongoing medication consumption. Multiple medications were renewed. The applicant's permanent work restrictions were likewise renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The applicant carried a diagnosis of reflex sympathetic dystrophy (RSD), it was reported on this date. On March 10, 2015, the attending provider again stated that the applicant had 5/10 pain with medications versus 9/10 pain without medications, noting that sitting, standing, bending, walking, and lifting remained problematic. The applicant was using Prilosec, Nucynta extended release, Norco, Lidoderm, a TENS unit, Neurontin, Skelaxin, Voltaren gel, and a topical

compounded medication, it was acknowledged. The applicant's list of diagnoses included myalgias and myositis of various body parts, chronic neck pain, chronic pain syndrome, chronic low back pain, and lumbar radiculopathy, it was stated on this date. The applicant was no longer working with permanent restrictions in place and had reportedly retired, the treating provider stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Gabapentin 300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

Decision rationale: No, the request for gabapentin (Neurontin) was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was seemingly off work and had retired. Permanent work restrictions were renewed, unchanged, from visit to visit, despite ongoing usage of gabapentin. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as Norco and Nucynta extended release. The applicant continued to report difficulty performing activities of daily living as basic as lifting, gripping, grasping, sitting, walking, and bending. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing use of gabapentin. Therefore, the request was not medically necessary.

Unknown prescription of Lidoderm patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated for localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off work.

Permanent work restrictions were renewed, seemingly unchanged, from visit to visit, despite ongoing usage of the Lidoderm patches in question. Ongoing usage of the Lidoderm patches in question failed to curtail the applicant's dependence on opioid agents such as Nucynta extended release and Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.

Unknown prescription of Voltaren gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac); Topical Analgesics Page(s): 112.

Decision rationale: Finally, the request for Voltaren gel, a topical NSAID, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated for treatment of the spine, hip, and/or shoulder. Here, however, two of the applicant's primary pain generators were, in fact, the cervical and lumbar spines, i.e., body parts for which topical Voltaren has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that topical NSAIDs such as the Voltaren gel in question are not recommended in the treatment of neuropathic pain. Here, the applicant was described as carrying an operating diagnosis of reflex sympathetic dystrophy (RSD), i.e., a condition classically associated with neuropathic pain. Ongoing usage of Voltaren gel, thus, was not indicated for the diagnoses present here. Therefore, the request was not medically necessary.