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| Case Number: | CM13-0004802 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 01/01/2004 |
| Decision Date: | 04/14/2014 | UR Denial Date: | 06/30/2013 |
| Priority: | Standard | Application Received: | 02/04/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60-year-old female, with a 1/1/2004 industrial injury claim. She has been diagnosed with cervicalgia; postlaminectomy syndrome of the cervical spine; cervical degenerative disc disease (DDD); psychogenic pain; pain in the shoulder; and wrist drop. According to the 6/19/13 report from [REDACTED], the patient presents with neck and right shoulder pain radiating up to the back of her head, with cervicogenic headache, which is impairing her sleep. The plan was for six (6) sessions of physical therapy, and to continue Celebrex, Lidoderm patches, Pantoprazole for medication-related dyspepsia. On 6/30/13 [REDACTED] Utilization Review recommended non-certification for the pantoprazole; Lidoderm patches; and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPRAZOLE SOD. DR 40MG #30 WITH 5 REFILLS.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: According to the 6/19/13 report from the treating provider, the patient presents with neck and right shoulder pain radiating up to the back of her head, with cervicogenic headache, which is impairing her sleep. The treating provider states that the pantoprazole was for dyspepsia from the medications. There was an agreed medical exam (AME) report 4/24/13, in which the physician reviewed the 5/12/10 and 7/29/13 internal medicine/gastroenterology reports, noting some "functional dyspepsia" and some upper gastrointestinal (GI) issues, and the associated impairment rating. The reports were not available for this independent medical review (IMR), but does show a history of GI events. The Chronic Pain Guidelines state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient is reported to have dyspepsia from the medications, and was reported to be taking the non-steroidal anti-inflammatory drug (NSAID) Celebrex. The request for Pantoprazole appears to be in accordance with the MTUS guidelines.

LIDODERM 5% (700MG) #30 WITH 5 REFILLS.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) AND TOPICAL ANALGESICS Page(s): 56-57, 111-113.

Decision rationale: According to the 6/19/13 report from the treating provider, the patient presents with neck and right shoulder pain radiating up to the back of her head, with cervicogenic headache, which is impairing her sleep. The electrodiagnostic studies show cervical C6 and C5 radiculopathy. The 4/24/13 agreed medical report (AME) report indicates that on 3/30/12, the physician's office reviewed the electromyography (EMG) and felt that the pain also has a myofascial component and recommended Lidoderm and Lyrica. The Chronic Pain Guidelines state, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." The patient appears to have tried Lyrica and has neuropathic pain. The use of Lidoderm patches appears to be in accordance with MTUS guidelines.

CELEBREX 200MG #30 WITH 5 REFILLS.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

Decision rationale: According to the 6/19/13 report from the treating provider, the patient presents with neck and right shoulder pain radiating up to the back of her head, with cervicogenic headache, which is impairing her sleep. He notes that the patient's functioning was dependent on the Celebrex. She is able to continue working full time. The Chronic Pain

Guidelines indicate that anti-inflammatory medications: "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." The guidelines also indicate that 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 low back pain and of antidepressants in chronic low back pain. The continued use of Celebrex to help the patient remain functional and continue working full times appears to be in accordance with MTUS guidelines.