MAXIMUS Federal Services

Case Number:	CM13-0017236		
Date Assigned:	11/06/2013	Date of Injury:	03/30/2010
Decision Date:	01/22/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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:

The patient is a 50-year-old female who reported an injury on 03/30/2010. The patient has been treated for ongoing neck pain, low back pain, with radiating pain down the right leg and right arm. The patient has been utilizing the oral medications hydrocodone, naproxen, and Soma, as well as Zantac for GI upset. It is unclear what other forms of conservative modalities the patient has undergone to help treat her pain. At this time, the physician is requesting Lidoderm patch, a total of 60; and pantoprazole 1 tab by mouth.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Under California MTUS Guidelines, it states that Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The patient has been noted as having low back pain, as well as paresis down her right leg, describing her pain as burning in her right arm and right leg with some

tenderness and muscle spasms noted in the cervical region. Lidoderm patches have been recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy to include a tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. As there is no documentation provided stating that the patient has utilized either of these 2 other medications, the request for Lidoderm patches does not meet guideline criteria at this time. As such, the requested service is non-certified.

Pantoprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Under California MTUS Guidelines, it states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease may benefit from the use of a proton pump inhibitor. The patient has already been utilizing the medications Zantac for GI upset, and had her medication refilled as of 09/03/2013. There is no more current documentation stating the patient is having any increased gastrointestinal events, nor is there any documentation stating that she is going to be discontinuing the use of Zantac. Therefore, it is unclear what the intended purpose is for the use of the pantoprazole at this time. As such, the requested service is not considered medically necessary.