

Case Number:	CM13-0033903		
Date Assigned:	12/06/2013	Date of Injury:	01/26/2004
Decision Date:	01/13/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/11/2013

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 a Board Certified Anesthesiologist has a subspecialty in Pain Medicine 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 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.

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 60-year-old female with a reported date of injury on 01/26/2004. The patient reported wide spread pain complaints over the neck, low back right radiation to the left hip, upper extremities, lower extremities, and bilateral shoulders, and widespread myofascial pain. The patient's neck range of motion was normal. The patient had no evidence of bony tenderness, joint effusion, enlargement, or abnormal motion, and the patient had no muscle fasciculation, atrophy, muscle weakness, asymmetry, or reduced range of motion noted. Sensation was intact to light touch and pinprick. Reflexes were equal and symmetrical bilaterally in the upper and lower extremities, Babinski was negative, and the patient's gait was normal. The patient carried diagnoses of neck sprain, lumbosacral sprain, carpal tunnel syndrome, and myalgia and myositis. The physician's treatment plan consisted of a request for Omeprazole 20 mg #30 between 09/18/2013 and 11/26/2013, a prescription of Lidoderm 5% #30 between 09/18/2013 and 11/26/2013, and a prescription of Flector 1.3% #60 between 09/18/2013 and 11/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor (such as Omeprazole) for patients at intermediate risk for gastrointestinal events with no cardiovascular disease and patient at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note to 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). Within the provided documentation, the requesting physician did not include adequate documentation of factors that would increase the patient's risk for gastrointestinal events. The patient is not 65 years of age or older, there was no documentation of a history of peptic ulcer, GI bleeding or perforation, and within the provided documentation, it was unclear if the patient was utilizing a medication or multiple medications that would place the patient at risk for gastrointestinal events. Therefore, the request for Omeprazole 20 mg #30 between 09/18/2013 and 11/26/2013 was not medically necessary or appropriate.

Prescription of Lidolerm 5%, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (lidocaine patch) Page(s): 56-57.

Decision rationale: The Physician Reviewer's decision rationale: Within the provided documentation, it was noted that the patient was not able to tolerate oral medications very well. The provider noted the patient benefited immensely from the topical patches which allowed her better functional benefit. The California MTUS guidelines note, 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia; further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is also used off-label for diabetic neuropathy. The guidelines note the use of Lidoderm for non-neuropathic pain is not recommended. While the provider noted the patient had better functional benefit with the use of topical patches, within the provided documentation, it did not appear the patient had a diagnosis that would coincide with the recommended usage of Lidoderm. The patient did have radiating pain to the lower extremities; however, it was not documented to be neuropathic in nature. Therefore, the request for prescription of Lidoderm 5% #30 between 09/18/2013 and 11/26/2013 is not medically necessary or appropriate

Prescription of Flector 1.3%, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain, Flector patch (diclofenac epolamine)..

Decision rationale: The Physician Reviewer's decision rationale: Within the provided documentation, it was noted that the patient was not able to tolerate oral medications very well. The provider noted the patient benefited immensely from the topical patches which allowed her better functional benefit. The California MTUS guidelines recommend the use of topical NSAIDs for patients with osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The Official Disability Guidelines further state, Flector patches are not recommended as a first-line treatment. Topical Diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. Topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks. Per the provided documentation, it appeared the patient had been utilizing the medication since at least 12/2012. The guidelines note there is no data that can substantiate the use of Flector efficacy beyond 2 weeks. While the provider noted the patient benefited immensely from topical patches as it allowed her better functional benefit. The provider did not include objective functional data in order to demonstrate the efficacy of the medication. Therefore, the request for prescription of Flector 1.3% #60 between 09/18/2013 and 11/26/2013 is not medically necessary or appropriate.