

Case Number:	CM13-0044832		
Date Assigned:	12/27/2013	Date of Injury:	07/10/2002
Decision Date:	12/17/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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:

The injured worker is a 37 year-old male with a date of injury of July 10, 2002. The patient's industrially related diagnoses include displacement of lumbar intervertebral disc without myelopathy, lumbago, status post laminectomy/discectomy at L4-5 in November 2003, and thoracic/lumbosacral neuritis/radiculitis. The disputed issues are Prilosec and Lidoderm Patches. A utilization review determination on 10/21/2013 had noncertified these requests. The stated rationale for the denial of Prilosec was: "Recent report does not provide evidence of gastrointestinal complaints or clinical findings of gastrointestinal upset." The stated rationale for the denial of Lidoderm Patches was: "In this case, the claimant has pain complaints and clinical deficits; however, there is no documentation of intolerance to gal pain medication and claimant needs an alternative treatment in the form of topical analgesic. Additionally, without documentation of failed trials of antidepressants and anticonvulsants and cited guidelines do not support Lidocaine for topical application as there is little to no evidence providing safety and efficacy, medical necessity of Lidoderm patch is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: 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 Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. In the submitted documentation available for review, there was no indication that the injured worker had complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, in the progress report dated 10/14/2013 at the time of the request, there was no documentation that the injured worker was prescribed any NSAID. In light of the above issues, the request for Omeprazole is not medically necessary.

Lidoderm Patches: 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 Page(s): 112 of 127.

Decision rationale: In regard to the request for Lidoderm Patches, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. In the submitted documentation available for review, there was no indication that the injured worker had failed first-line therapy recommendation as stated in the guidelines. There was documentation that the injured worker was prescribed Lyrica, an AED, with regularity. Additionally, there is no documentation of analgesic benefit as a result of the use of Lidoderm. In light of these issues, the requested prescription for Lidoderm Patches is not medically necessary.