

<b>Case Number:</b>	CM13-0048332		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 58-year-old female who reported an injury on 04/27/2011 due to cumulative trauma. The diagnoses were noted to be peripheral enthesopathies and allied syndromes, other specified disorders, and lateral epicondylitis. The patient had pain in the right shoulder. The request was submitted for lidocaine patch, omeprazole, and ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patch prescribed 10/15/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that lidocaine may be recommended for peripheral pain after there has been evidence of a trial of a first-line therapy including tricyclics, SNRI antidepressants, or AEDs. There was a lack of documentation indicating the patient had a trial and failure of first-line therapy. Additionally, per the submitted request, there was lack of documentation indicating the strength, as well as the quantity of medication being requested. There was lack of documentation for the date of service that was

requested. Given the above, the request for lidocaine patch prescribed 10/15/2013 is not medically necessary and appropriate.

**Omeprazole 20mg #30 prescribed 10/15/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDS, GI symptoms & cardiovascular risk..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate PPIs are appropriate treatment for dyspepsia. There was a lack of documentation indicating the patient had signs or symptoms of dyspepsia and the efficacy of the medication as there was also a lack of documentation of a physical examination note for 10/15/2013 the day of the prescription. Given the above, the request for omeprazole 20 mg #30 dispensed 10/15/2013 is not medically necessary and appropriate.

**Ibuprofen 800mg #90 prescribed 10/15/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Page(s): 70-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Anti-inflammatories Page(s): 22.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that anti-inflammatories are the traditional first-line of treatment to reduce pain so activity and functional restoration can resume, but long-term use is not warranted. The clinical documentation submitted for review failed to provide the documentation for the date of service 10/15/2013. There was lack of documentation indicating the necessity for the medication. Given the above, the request for Ibuprofen 800 Mg Qty 90 Dispensed 10/15/13 is not medically necessary and appropriate.