

<b>Case Number:</b>	CM13-0054284		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Internal 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. 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 36-year-old female who sustained injury on 04/13/2010. She reported pain to her neck and lower back with radiating pain down her arms and legs associated with numbness and tingling in her hands and legs. Her treatment history includes physical therapy, chiropractic treatment, acupuncture, ESIs, and medications. Although no diagnostic study reports available for review, she was noted to have several MRIs done of the cervical, thoracic and lumbar spine that showed multilevel disc bulging with degenerative changes. A clinical note dated 10/21/2013 by [REDACTED] indicates she presented with chief complaints of pain in her neck, bilateral shoulder, upper extremity and lower back. Her pain level was 8/10 without medications and 4/10 with medications. Her current medications were Lidoderm 5% patch (700 mg/patch), Celebrex 100 mg, Cymbalta 20 mg, Omeprazole 20 mg, Salonpas patch, Tramadol 50 mg, Zanaflex 4 mg, Medrol 4 mg Dosepak, and Cymbalta 60 mg. On exam, she had a flat affect but cooperative. She was guarding in upper trunk, neck and shoulders secondary to pain. No evidence of bilateral scapular winging. ROM of cervical spine revealed severe limitations in active ROM in all planes secondary to elicitation of her pain. Bilateral shoulder active ROM was severely limited on flexion and abduction secondary to pain in upper extremities and shoulders. There was tenderness to palpation along cervical paraspinal musculature, as well as upper trapezius, parascapular muscles, and along the pec minor and scalene musculature. With pressure in the supraclavicular region, there was radiating pain to upper extremities bilaterally. Radial pulses were 2+ bilaterally. Manual muscle testing of the upper extremities was 5/5 but give-way weakness secondary to shoulder pain. Sensory exam to light touch was intact in upper extremity dermatomes and symmetric. Reflexes were 1+/4 at the biceps, triceps and brachioradialis and symmetric. Spurling was negative bilaterally. Lhermitte was negative. She was diagnosed with myofascial pain syndrome, chronic pain syndrome with mood and sleep disorder, depressive

disorder, psychogenic pain, lumbar disc degeneration, cervicalgia, and pain in thoracic spine. She was also diagnosed with fibromyalgia. She was prescribed Lyrica 75 mg, Lidoderm 5% patch, Celebrex 100 mg, Omeprazole 20 mg, Salonpas patch, Tramadol 50 mg, Zanaflex 4 mg, and Cymbalta 60 mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidoderm patch 5% 700mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** As per CA MTUS guidelines, it is recommended for localized peripheral pain and not recommended for non-neuropathic pain. The provider note dated 10/21/2013 indicates that she remains neurologically intact on examination. Her likely etiology appeared to be myofascial in origin. Furthermore, the patient was diagnosed with fibromyalgia and lidoderm patch is not indicated for this condition. Therefore, the request for Lidoderm 5% patch is non-certified.

#### **Celebrex 100mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** As per the CA MTUS guidelines, it is recommended for acute exacerbations of lower back pain as a second-line treatment after acetaminophen for acute lower back pain. Furthermore, NSAIDs are not recommended for long-term use. They are associated with increased risk of cardiovascular disease, peptic ulcer disease and kidney dysfunction. This patient was also diagnosed with GERD, which can be exacerbated by NSAIDs (even selective COX-2 inhibitors). Lastly, per the patient's records, the patient's pain is documented as being secondary to fibromyalgia with a component of psychogenic pain and depression. NSAIDs should be avoided in the treatment of the aforementioned conditions as risks of therapy might outweigh benefit. Therefore, the request for Celebrex 100 mg is non-certified.

#### **Omeprazole 20mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

**Decision rationale:** She has been prescribed omeprazole for her GERD symptoms and anti-inflammatory-induced reflux symptoms. Patients with a history of GERD, who concomitantly use NSAIDs and/or corticosteroids such as the solumedrol are at intermediate to high risk for gastrointestinal events. Per the Chronic Pain Medical Treatment Guidelines, patient at intermediate to high risk for gastrointestinal events should take a PPI such as omeprazole. Therefore, the request for omeprazole 20 mg is certified.