MAXIMUS Federal Services

Case Number:	CM13-0056532		
Date Assigned:	12/30/2013	Date of Injury:	02/03/2012
Decision Date:	05/13/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/22/2013

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 Management 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:

This is a male patient with the date of injury of February 3, 2012. An Orthopedic Follow-up Examination dated September 30, 2013 identifies Subjective Complaints of lower back pain rated 7-8/10 and right knee pain rated 7-9/10. The patient states that he failed prior physical therapy with more than 18 sessions and he has received two cortisone injections to the right knee as well as epidural steroid injection to the lumbar spine two months ago, which provided relief for two months. Objective Findings identify all active lumbar ranges of motion produce localized pain and spasm. Valsalva's maneuver is positive. Kemp's test, as well as straight leg raise testing is positive bilaterally. Tenderness noted over the medial joint line of the right knee. There is also crepitus noted. McMurray with internal rotation is positive on the right. Assessment identifies lumbar disc syndrome, lumbar spine herniated nucleus pulposus, right knee medial meniscus tear, right knee sprain of medial collateral ligament, right knee internal derangement, and right lower extremity radiculopathy. Discussion and Treatment Plan identifies dispensing omeprazole to protect the stomach and Lidoderm patches for relief of minor aches and muscle pain associated with arthritis, simple backaches, strains, muscle soreness, and stiffness. Authorization for referral to a pain management specialist for initial consultation of the patient regarding lumbar spine epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole, 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. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.

30 Lidoderm patches: Upheld

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

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

Decision rationale: Regarding request for Lidoderm patches, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. In the absence such documentation, the currently requested Lidoderm patches is not medically necessary.

A pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 52.

Decision rationale: Regarding the request for pain management consultation, California MTUS does not contain criteria. The [redacted], Chronic Pain Disorder Medical Treatment Guidelines state Consultation or referral to a pain specialist should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. Consider consultation if suffering and pain behaviors are present and the patient continues to request medication, or when standard treatment measures have not been successful or are not indicated. Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment

of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, it is noted that pain management consultation is regarding lumbar spine epidural steroid injections. There is also mention that the patient previously underwent epidural steroid injection to the lumbar spine two months ago, which provided relief for two months. However, there is no indication of continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use after the previous injection. In the absence of such documentation, the currently requested pain management consultation is not medically necessary.