MAXIMUS Federal Services

Case Number:	CM13-0069525		
Date Assigned:	01/03/2014	Date of Injury:	09/14/2009
Decision Date:	06/04/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/23/2013

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 & Rehabilitation 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 48 year old male who reported an injury on 09/14/2009. The mechanism of injury was reported as a fall. The clinical note dated 12/24/2013 showed the injured worker complained of ongoing pain to his head, abdomen, low back and right ankle/foot right arm, bilateral hands/knees/elbows/shoulders/hips/buttocks. The injured worker stated his pain was rated, on average, 8/10. The injured worker reportedly noted his pain is worse in the evening and stated his pain and spasticity is worsening. The injured worker's medication was reportedly Duragesic, Norco, Ambien, Nexcare Tegaderm, Cymbalta, Lidoderm patch, Voltaren gel, Indomethacin, Omeprazole, and Baclofen. Upon physical examination, the injured worker had decreased range of motion in his neck and back due to pain, positive right straight leg raise, and numbness in the L5-S1 dermatome on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30, WITH TWO (2) REFILLS: 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), Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risks Page(s): 68-69.

Decision rationale: The clinical notes, provided for review, states the injured worker has a history of pain to his neck and shoulders with reported diagnoses to include cervicalgia, and cervical radiculopathy/spondylosis. The CA MTUS Guidelines identifies that risk for gastrointestinal events includes patients age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The Guidelines also state the requested medication is recommended for patients at risk for gastrointestinal events. However, there is a lack of documentation within the clinical notes, submitted for review, to show the injured worker has had any gastrointestinal events or is at risk for such. Therefore, the request for Omeprazole 20mg #30 is not medically necessary.

VOLTAREN GEL 1% TIMES THREE (3), WITH TWO (2) REFILLS: 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 TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The documentation, provided for review, states the injured worker has a history of pain to his neck and shoulders with reported diagnoses to include cervicalgia, and cervical radiculopathy/spondylosis. The CA MTUS Guidelines indicate Voltaren gel for relief of osteoarthritis pain in joints such as the ankle, elbow, foot, hand, knee, and wrist. Voltaren gel has not been evaluated for treatment of the spine, hip or shoulder.The available records do not provide imaging to support osteoarthritis. In addtion, this medication is not indicated for use in the neck and shoulder region. Further, there is no clear evidence to state continued improvement of pain with this medication. Therefore, the request for Voltaren gel 1% with two (2) refills is not medically necessary.

THREE (3) BOXES OF LIDODERM PATCHES 5% #90, WITH TWO (2) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 56-57.

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

Decision rationale: The documentation, provided for review, states the injured worker has a history of pain to his lumbar back/neck and shoulders with numbness in L5-S1 dermatone on the right side. The CA MTUS Guidelines recommend topical lidocaine may be used for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Within the medical infromation available for review, there is a lack of documentation of the failure of first line treatment with an antidepressant as there is a concurrent request for Cymbalta. In addition, the request includes an

excessive amount of patches without a re-evaluation. Therefore, the request for Three (3) boxes of Lidoderm patches 5% #90 with two (2) refills is not medically necessary.

CYMBALTA 60MG #60, WITH ONE (1) REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 13-16.

Decision rationale: The documentation, provided for review, states the injured worker has a history of pain to his neck and shoulders with reported diagnoses to include cervicalgia, and cervical radiculopathy/spondylosis. The CA MTUS Guidelines state Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Guidelines also state this medication is used off-label for neuropathic pain and radiculopathy. Within the medical information available for review, the injured worker's relief of neuropathic pain and absence of side effects support this request. Therefore, the request for Cymbalta 60mg #60, with one (1) refill is medically necessary.