

Case Number:	CM14-0000220		
Date Assigned:	01/10/2014	Date of Injury:	05/18/2013
Decision Date:	05/30/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/31/2013

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, and is licensed to practice in Texas. 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 34 year old male who reported an injury on 5/18/13; the mechanism of injury was not provided within the medical records. It was documented that on 11/13/13, the injured worker complained of continued pain in the lumbar spine with right sciatic focal weakness. In the documentation provided, it was noted that the injured worker had prior treatments which included 16 sessions of physical therapy, 18 sessions of chiropractic therapy, 6 sessions of acupuncture, and medications. It was noted that on 12/11/13, the injured worker continued to complain of right peroneal atrophy. He is noted to be taking Prilosec, given his history of peptic ulcer disease. The diagnoses included low back pain with right L5 radiculopathy and herniated nucleus pulposus (HNP). Lidoderm and Prilosec were the medications prescribed. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5%, #1 BOX WITH 1 REFILL: Upheld

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

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

Decision rationale: The California MTUS guidelines state that topical analgesics such as Lidoderm are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that lidocaine may only be used after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). In the documentation provided for review, it is unclear if the injured worker tried any of the stated first line therapies. The efficacy of the medications was also unclear. As such, the request is not medically necessary.

PRILOSEC 20MG, #60 WITH 1 REFILL: 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.

Decision rationale: The California MTUS guidelines state that if the injured worker is at risk for gastrointestinal events, then a proton pump inhibitor such as Prilosec may be used. Risk factors for gastrointestinal events include: (1) being over 65 years of age; (2) having a history of peptic ulcer, GI bleeding, or perforation; (3) concurrently using ASA, corticosteroids, and/or an anticoagulant; or (4) taking high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). In the documentation provided for review, the injured worker is stated to have a history of peptic ulcer disease; however, there was no documentation of non-steroidal anti-inflammatory drugs (NSAIDs) taken. Although the injured worker's history of peptic ulcer coincides with the guidelines, there is no documentation of NSAIDs or other factors that increase the injured worker's risk for gastrointestinal upset. The provided documentation did not include adequate documentation of significant gastrointestinal symptoms. As such, the request is not medically necessary.