

Case Number:	CM14-0005684		
Date Assigned:	02/07/2014	Date of Injury:	01/21/2000
Decision Date:	06/30/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. The expert reviewer is Board Certified in Occupational 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 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 47-year-old female with a 1/21/00 date of injury to the right shoulder while carrying case files. An MRI of the shoulder on 9/9/13 revealed subacromial impingement with no evidence of a rotator cuff tear. In a progress note dated 10/18/13 the patient was noted to have GERD symptoms and was noted to be Omeprazole. The patient was seen on 11/18/13 complaining of 9/10 pain to the right shoulder. Exam findings revealed mild limited range of motion, tenderness at the right supraspinatus as well as the AC joint and over the biceps tendon with crepitus. Right shoulder muscle strength was 4/5 with positive AC joint compression test. A shoulder arthroscopy was recommended. On 12/11/13 the patient was seen with right shoulder, hand and wrist complaints, as well as to follow up her fibromyalgia. Acupuncture was recommended as well as Lidoderm patches to the elbows, Norco, a Fex-Mid, and Axid. Treatment to date: medications, acupuncture, physical therapy, TENS unit. A UR decision dated 01/03/14 denied the request for Lidoderm patches given there was no evidence of neuropathy and no evidence e of failure of first line treatments. The request for Axid was denied as there was no rationale given as to why the patient should be on this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm 1/2 (Lidocaine Patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Pain Chapter Lidoderm

Decision rationale: Chronic Pain Medical Treatment Guidelines states that topical Lidocaine may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Lidoderm was prescribed on several occasions, on one occasion the patches were prescribed for the patient's elbows, but a rationale was not given. In addition, there was no evidence of any first line treatment prior to the request for Lidoderm patches. Therefore, the request for Lidoderm Patches 5% is not medically necessary.

AXID (NIZATIDINE 150MG) 1 PO BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence citation for Axid.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Nizatidine

Decision rationale: Nizatidine is an H2 blocker that is FDA approved to treat ulcers in the stomach and intestines. Nizatidine also treats heartburn and erosive esophagitis caused by gastroesophageal reflux disease (GERD), a condition in which acid backs up from the stomach into the esophagus. The patient was noted to have GERD symptoms back in 2012 and was on omeprazole at the time; however, there is no recent mention of GERD like symptoms, or a history of GI events. There is no comment that relates the need for Nizatidine for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of Nizatidine should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic (NSAID) non-steroidal anti-inflammatory drugs use. Therefore, the request as submitted is not medically necessary.