

Case Number:	CM14-0006482		
Date Assigned:	02/21/2014	Date of Injury:	01/01/2011
Decision Date:	07/22/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/16/2014

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 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:

The patient is a 50-year-old male who has filed a claim for disorders of bursae and tendons in the right shoulder region associated with an industrial injury date of January 01, 2011. Review of progress notes indicates less pain in the neck, upper back, right shoulder, elbows, and right hand. The shoulder pain is associated with tingling, numbness, and weakness of the right hand. Findings include decreased right shoulder range of motion with tenderness, positive Hawkin's and crossed arm adduction tests, and tenderness over the lateral epicondyle of the left elbow. Treatment to date has included NSAIDs, opioids, muscle relaxants, Terocin patches, and right rotator cuff repair in May 2012 with post-operative physical therapy. Utilization review from December 27, 2013 denied the requests for Lidoderm 5% patches #30, diclofenac XR 100mg #30, and Prilosec 20mg #60. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCHES QUANTITY: 30.00: Upheld

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

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

Decision rationale: As stated on pages 56-57 in the CA MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm may be recommended 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). In this case, there is no documentation that the patient has been on therapy with tricyclic or SNRI anti-depressants, gabapentin, or Lyrica, to warrant the use of Lidoderm patches. Therefore, the request for Lidoderm patches 5% #30 was not medically necessary.

DICLOFENAC XR 100 MG QUANTITY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least December 2012. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for diclofenac XR 100mg #30 was not medically necessary.

PRILOSEC 20 MG QUANTITY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER PROTON PUMP INHIBITORS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. In this case, there is no documentation regarding the above-mentioned risk factors, or of upper GI symptoms, in this patient. Therefore, the request for Prilosec 20mg #30 was not medically necessary.

ULTRAM ER 150 MG (X2) QUANTITY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Previous utilization review determination, dated December 27, 2013, has already certified this request. Therefore, the request for Ultram ER 150mg (x2) #30 is not medically necessary.