

<b>Case Number:</b>	CM14-0006836		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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:

This is a 33-year-old male patient with a 2/4/10 date of injury. He injured himself due to repetitive carrying of heavy items. A 12/17/13 progress report indicated that the patient complained of lower back pain radiating to the lower extremities. He had insomnia due to pain. Objective findings demonstrated decreased range of motion in the lumbar spine. There was hypoesthesia of bilateral L4 through S1 dermatome and positive straight leg raise at 40 degrees. He was diagnosed with cervical spine sprain, Right shoulder tendinitis syndrome, Lumbar disc herniation with bilateral Radiculopathy, Anxiety, Depression and Insomnia. Treatment to date: medication management and there was pending lumbar interbody fusion at L4-L5, and previous acupuncture therapy. There is documentation of a previous 1/3/14 adverse determination. In regards to Percocet, there was a documentation of absence of a pain contract and uncontrolled drug escalation. Prilosec was not certified, because there was no documentation of dyspepsia due to medication. Lidoderm patches were denied because guidelines do not recommend them as a first line treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there was no documentation of significant pain relief or functional gains. There was no evidence of pain contract. In addition, there was a documentation of long-term use of Percocet since at least from 8/5/13. There was sparse information in the most recent medical report in regards to ongoing opioid management, including monitoring of diversion, side effects, dosage adjustments, and continued efficacy and compliance. Therefore, the request for Percocet was not medically necessary.

**PRILOSEC 20 MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI SYMPTOMS & CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. This patient is noted to be on Anaprox, which is a NSAID. In addition, it is noted in the notes that the patient is taking Prilosec to help with stomach acid. Therefore, the request for Prilosec 20 mg, #60 was medically necessary.

**LIDODERM PATCH 5%:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm.

**Decision rationale:** CA MTUS states that topical Lidocaine may be recommended for localized peripheral 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. However, there was no documentation of failure of first line medication. In addition, there was no evidence of significant pain relief following the long-term use of Lidoderm patches. Therefore, the request for Lidoderm patch 5% was not medically necessary.

