

<b>Case Number:</b>	CM14-0008626		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	10/31/1994
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 53-year-old female who has submitted a claim for bilateral carpal tunnel syndrome, right greater than left; and cubital tunnel syndrome, left greater than right associated with an industrial injury date of October 31, 1994. Medical records from 2013 were reviewed. The patient complained of bilateral wrist pain. The pain was graded 8/10 in severity, with associated spasms which were worse at nighttime. There was also frequent numbness and tingling in the wrists and hands, which increased with movement. She also has difficulty sleeping. Physical examination showed satisfactory range of motion of the bilateral wrists and hands with discomfort in the left wrist. Muscle strength was 4-5/5 on the right upper extremity and 4/5 on the left upper extremity. Imaging studies were not available. Treatment to date has included Gabapentin, Lidoderm patches, activity modification, and hot and cold modalities. Utilization review, dated January 2, 2014, denied the request for Lidoderm patches 5% qty. 60 because there was no documentation of failed trials of first-line therapy medications. The request for Prilosec 20mg qty. 60 was also denied because there was no documentation of any gastrointestinal complaints and pathology, as well as absent documentation of concurrent NSAID use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCHES 5%, QTY: 60.00:** Upheld

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

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

**Decision rationale:** As stated on page 56-57 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or and antiepilepsy drugs(AED) such as gabapentin or Lyrica). In this case, the patient has been taking Lidoderm patches since October 2013 because she does not prefer using many oral medications. She was also taking Gabapentin 300 mg for neuropathic pain to control numbness and tingling. However, there was no documentation of the objective and functional benefits derived from use of Lidoderm patches. In fact, the most recent progress report dated December 17, 2013 showed an increase in severity of pain from 6/10 last November 2013 to 8/10 on December 2013. Therefore, the request for Lidoderm patches 5%, #60 is not medically necessary.

**PRILOSEC 20MG, QTY: 60:** 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-TWC), Pain Chapter, Procedure Summary (last updated 10/14/13), Proton Pump Inhibitors.

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

**Decision rationale:** Prilosec is a brand name for the proton pump inhibitor omeprazole. According to page 68 of the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors (PPI) are supported in the treatment of patients with gastrointestinal (GI) disorders or patients utilizing chronic NSAID therapy. In this case, it is not known if the patient is currently taking Prilosec. A progress report, dated December 17, 2013, states that one of the physician's treatment plan was to prescribe Prilosec to treat his upset stomach. However, no subjective or objective evidence was present in the documentation. It was not indicated if the patient was having a high risk for gastrointestinal events or any gastrointestinal disorder. In addition, the patient has no concurrent NSAID use that warrants a proton pump inhibitor prescription. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Prilosec 20mg, #60 is not medically necessary.