MAXIMUS Federal Services

Case Number:	CM14-0008812		
Date Assigned:	02/12/2014	Date of Injury:	07/10/2002
Decision Date:	12/17/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of 7/20/02. A utilization review determination dated 1/13/14 recommends non-certification of Lidoderm and Prilosec. 12/10/13 medical report identifies a copy of CA MTUS criteria for Prilosec and ODG criteria for topical analgesics. 11/27/13 medical report identifies "back pain, low back pain, and lumbar complaints." There is back stiffness, numbness in right and left leg, radicular pain in right and left leg, and weakness in right and left leg. Pain is 8/10. On exam, there is positive FABER, Gaenslen's, and Patrick's, tenderness over the L4-5 and L5-S1 facets, spasm, and positive stork test. There is decreased sensation L5 and S1, right patellar reflex is decreased, SLR is positive bilaterally, positive iliotibial band signs with tenderness and pain with provocative testing, 5-/5 for all lower extremity muscle groups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5pct adhesive patch x 40 x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for Lidoderm, CA MTUS states that topical lidocaine 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 an AED such as gabapentin or Lyrica)." Within the documentation available for review, there is no evidence of localized peripheral neuropathic pain and failure of first-line therapy. In the absence of such documentation, the requested Lidoderm is not medically necessary.

Prilosec 20 mg a po qd x 30 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.