

<b>Case Number:</b>	CM14-0104853		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/11/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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:

Patient is a 61 year-old male with date of injury 04/11/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/22/2014, lists subjective complaints as pain in the neck. Objective findings: No physical examination was documented on the PR-2. Diagnosis: 1. Cervicalgia 2. Degeneration of cervical intervertebral disc 3. Displacement of cervical intervertebral disc without myelopathy 4. Mood disorder 5. Unspecified backache. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as four months. Medications: 1. Lidoderm 5%, #60 sig: td q 24hr 2. Cialis 10mg, #30 sig: po qd prn 3. Omeprazole Magnesium 20mg, #60 sig: po q 12 prn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% #60:** Upheld

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

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

**Decision rationale:** Lidoderm is the brand name for a Lidocaine Patch produced by Endo Pharmaceuticals. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient does not suffer from post-herpetic neuralgia or localized peripheral pain.

**Cialis 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com), Indications, and Usage for Cialis Erectile Dysfunction

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 3.

**Decision rationale:** For all conditions or injuries not addressed in the MTUS, the authorized treatment and diagnostic services in the initial management and subsequent treatment for presenting complaints shall be in accordance with other scientifically and evidence-based medical treatment guidelines that are nationally recognized by the medical community pursuant to section 9792.25(b). The drug Cialis is not addressed in the MTUS. It is used for erectile dysfunction. There is no evidence in the medical record that the patient suffers from erectile dysfunction, or that it is an accepted part of the claim. Cialis is not medically necessary.

**Omeprazole Magnesium 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , NSAIDs, and GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age 65 years (2) history of peptic ulcer, GI bleeding or perforation (3) concurrent use of ASA, Corticosteroids, and/or an Anticoagulant or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the Proton Pump Inhibitor Omeprazole.