

<b>Case Number:</b>	CM14-0113311		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/27/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 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 injured worker is a 54 year old female who reported an injury on 10/27/2010. The mechanism of injury was not provided. Diagnoses were listed as lumbar spondylosis, right thumb joint arthritis, and chronic pain syndrome. Past treatments included facet rhizotomies. The diagnostic studies included an MRI of the lumbar spine. On 04/29/2014, the injured worker reported improvement of pain following the facet rhizotomy. She remained off of narcotics. Upon physical examination, the injured worker was noted to have less discomfort and the lumbar spine range of motion was intact. A list of current medications was not provided. The treatment plan was to request medications suboxone, lidoderm patch, prilosec, and xanax. The rationale for the request was not provided. The request for authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topcal analgesics Page(s): 112.

**Decision rationale:** The request for lidoderm patch #60 is not medically necessary. The injured worker complained of mild residual discomfort. The California MTUS Guidelines state it may be recommended in patients with documented evidence of peripheral pain and a trial of first-line therapy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker was documented to have less discomfort, and reported that she remained off of narcotics. Though the injured worker stated discomfort, there were no objective findings or functional deficits to support the request. Also, as the request is written there is no frequency included. Therefore the request is not medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for prilosec 20 mg #30 is not medically necessary. The injured worker did not mention any gastrointestinal discomfort. The California MTUS Guidelines may recommend proton pump inhibitors for patients taking NSAIDs who are noted to be at increased risk for gastrointestinal events or for those who have complaints of dyspepsia related to NSAID use. The current medications for the injured worker were not provided to show that she was using NSAIDs and there was no documentation of any gastrointestinal issues that would support the request. Also, as the request is written it did not include a frequency. Therefore, the request is not medically necessary.