

<b>Case Number:</b>	CM14-0121198		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/10/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Nevada. 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 51 year-old male who was reportedly injured on 11/10/2012. The mechanism of injury is noted as a trip and fall. The most recent progress note dated 7/7/2014, indicates that there are ongoing complaints of chest pain, hip pain and back pain. The physical examination demonstrated lumbar spine: limited range of motion with pain. Positive tenderness to palpation of the spinous processes from L1-L5. Positive straight leg raise test bilaterally at 60. Motor testing limited by pain. Knee flexion/extension 4/5 on the right 5/5 on the left. Decreased sensation the light touch over L4, L5, and S1 dermatome's on the right. Gastrointestinal: positive tenderness to palpation. Umbilical, right lower and right upper quadrant, and supra pubic region. No recent diagnostic studies are available for review. Previous treatment includes medication, and conservative treatment. A request was made for lidocaine patch 5% #30, Naproxen, Protonix 20mg, tramadol 150mg and was not certified in the pre-authorization process on 7/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% Patch (700mg/Patch) #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS. (Effective July 18, 2009) Page(s): 56.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, I was unable to determine any documented failure first-line treatments. As such, the request is considered not medically necessary.

**Naproxen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 66 & 73.

**Decision rationale:** Naproxen is recommended as an option. Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Non-steroidal anti-inflammatory drug (NSAID) is for the relief of the signs and symptoms of osteoarthritis. After review of the medical records provided I was unable to find a diagnosis associated with osteoarthritis. Therefore this request is deemed not medically necessary.

**Protonix DR 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. After a review of the available medical records, document fails indicate any signs or symptoms of gastrointestinal distress which would require PPI treatment. As such, this request is considered not medically necessary.

**Tramadol 150mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule treatment guidelines support the use of tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given their clinical presentation and lack of documentation of functional improvement with tramadol, the request is considered not medically necessary.