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| <b>Case Number:</b>   | CM14-0122245 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 10/10/2006 |
| <b>Decision Date:</b> | 09/24/2014   | <b>UR Denial Date:</b>       | 07/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/01/2014 |

### 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 Texas. 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 medical records reflect the claimant is a 52 year old female with a work related injury dated 10-10-06. The claimant has a diagnosis of reflex sympathetic dystrophy. On 6-30-14, it is noted that claimant has not taken medications given the month prior, as she needed a letter of medical necessary. The claimant has Norco, but is not able to take it as directed, as it makes her very sick. She reports her pain is 7/10 with medications and 10/10 without medications. Her low back pain continues the same along with right knee pain. On exam, the claimant has hyperesthesia and/or Allodynia, temperature asymmetry, edema and/or swelling, decreased range of motion and motor dysfunction. Exam of the right foot shows flexion 100, extension -10 degrees. There was right quadriceps and vastus medialis atrophy, positive Posterior and anterior drawer testing. The claimant has positive valgus, varus, McMurray's and Lachman's testing. The claimant was given a prescription for MS Contin, a trial of Cymbalta and a trial of Lyrica and Gabapentin in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Lidoderm.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines as well as ODG reflect that 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). Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. This claimant is starting Cymbalta. She has not failed first line of treatment for her neuropathic complaints. Therefore, the medical necessity of this request is not established.

**Omeprazole 20mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

**Decision rationale:** Prescription Omeprazole is used alone or with other medications to treat gastroesophageal reflux disease (GERD), a condition in which backward flow of acid from the stomach causes heartburn and possible injury of the esophagus (the tube between the throat and stomach). Prescription Omeprazole is used to treat the symptoms of GERD, allow the esophagus to heal, and prevent further damage to the esophagus. Non-prescription (over-the-counter) Omeprazole is used to treat frequent heartburn (heartburn that occurs at least 2 or more days a week). Omeprazole is in a class of medications called proton-pump inhibitors. It works by decreasing the amount of acid made in the stomach. There is an absence in documentation noting that this claimant has secondary GI effects. She could not tolerate Norco, but she was changed to MS Contin. Therefore, the medical necessity of this request is not established.