

Case Number:	CM14-0136608		
Date Assigned:	09/03/2014	Date of Injury:	11/10/2012
Decision Date:	10/03/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family 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 52-year-old male with an 11/10/12 date of injury. The mechanism of injury was not noted. According to a progress note dated 8/5/14, the patient complained of lower back pain, chest pain, and right rib pain. The patient rated his pain as 8/10 on a scale of 0 to 10. The pain was aching and numb and radiated to the right thigh. He stated that his medications were helping and he tolerated them well. Objective findings: antalgic gait, restricted lumbar ROM, spinous process tenderness noted on L1, L2, L3, L4, and L5, light touch sensation decreased over L4, L5, S1 dermatomes on the right, localized tenderness at periumbilical region. Diagnostic impression: chest pain, chronic pain syndrome, abdominal pain. Treatment to date: medication management, activity modification, physical therapy, TENS unit. A UR decision dated 8/14/14 denied the requests for Lidocaine patch, Naproxen, Protonix, and Tramadol. Regarding Lidocaine patches, there is no evidence that the patient has utilized first line therapies for the treatment of his tingling and numbness in the right upper and lower extremities. Regarding Naproxen, since using this medication, the patient has stated his medication regimen helped manage his pain levels, though from reviewing his records the patients pain levels have not changed at all. Regarding Protonix, the patient has had no documented gastrointestinal issues and has been non-certified for NSAIDs. Regarding Tramadol, the patient has been recommended to be weaned off Tramadol in a prior review. The patient continued to have 8-9/10 pain levels and not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Local Anesthetics.

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

Decision rationale: CA MTUS states that 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). There should be documentation of a successful trial of Lidoderm patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Therefore, the request for Lidocaine 5% Patch #30 was not medically necessary.

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The patient rated his pain at an 8/10 despite the use of Naproxen. Guidelines do not support the ongoing use of NSAID medications without documentation of functional improvement and significant pain relief. Therefore, the request for Naproxen 500mg #60 was not medically necessary.

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. The patient rated his pain level as an 8/10, despite the use of Tramadol. Furthermore, there is no documentation an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol 150mg #30 was not medically necessary.

Protonix 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Pantoprazole (Protonix))

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. There is no documentation that the patient has gastrointestinal complaints. In addition, the patient's NSAID medication, naproxen, has been found to be medically unnecessary. This associated request for prophylaxis of NSAID-induced gastritis cannot be substantiated. Therefore, the request for Protonix 20mg #30 was not medically necessary.