

Case Number:	CM14-0137101		
Date Assigned:	09/05/2014	Date of Injury:	01/09/2014
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 47 year old female injured on 01/09/14 as a result of injuries sustained while performing regular job duties with noted swelling and pain of the right upper extremity following several long shifts in a row. The injured worker reported numbness and tingling in the fingers of the right hand and aching pain in the right forearm and bilateral wrists. The injured worker also reported occasionally dropping items accompanied by sharp wrist pain. Electromyography/Nerve Conduction Velocity (EMG/NCV) on 01/12/14 revealed borderline evidence of median compression at the carpal tunnel affecting sensory component only with no evidence of ulnar neuropathy; the official report was not provided for review. Repeat EMG/NCV on 02/12/14 performed by [REDACTED], revealed borderline evidence of median compression at carpal tunnels affecting sensory components only with findings to minimal to be diagnostic of nerve compression at the carpal tunnels. No electrodiagnostic evidence of ulnar neuropathy at the elbow or elsewhere. Clinical note dated 07/25/14 indicated the injured worker presented complaining of pain in the right upper extremity initially treated with anti-inflammatories. The injured worker was later treated with physical therapy and work modifications with moderate pain relief. The injured worker underwent right wrist and elbow injection on 07/07/14 with temporary relief, nighttime wrist splinting, and multiple medications. The injured worker discontinued atenolol due to stomach upset; in addition to Naproxen and Mobic. Prescription for Lidoderm 5% patch, Omeprazole, Vicodin 5-300mg, and Pennsaid 1.5% provided. The initial request was non-certified on 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidoderm 5% patch QTY 30 is not medically necessary as it does not meet established and accepted medical guidelines.

Omeprazole DR 20mg QTY 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (GI Symptoms and Cardiovascular Risks) Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. Additionally, the injured worker complained of gastric upset as a result of medication use. As such, the request for Omeprazole DR 20mg QTY 60 is medically necessary.