MAXIMUS Federal Services

Case Number:	CM14-0153355		
Date Assigned:	09/23/2014	Date of Injury:	11/12/2008
Decision Date:	11/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 Interventional Spine 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 patient is a 57 year old with an injury date on 11/12/08. Patient complains of continuing cervical pain, bilateral shoulder pain, and wrist pain per 8/16/14 report. The medications help with pain about 30%, and no reports or new side effects or symptoms per 8/16/14 report. Based on the 8/16/14 progress report provided by [redacted] the diagnoses are: 1. carpal tunnel syndrome2. contraction of the finger3. shoulder s/s4. myofascial painExam on 8/16/14 showed "decreased range of motion of back, and tenderness to palpation of cervical/lumbar musculature." Patient's treatment history includes medications, exercise (walking), physical therapy, injections (unspecified). [redacted] is requesting omeprazole 20mg #60 P.O. Bid #1 refill, menthoderm 120mg 4oz #1 refill, and lidoderm 5% #60 1-2 patches every 12 hours on and 12 hours off #1 refill. The utilization review determination being challenged is dated 9/9/14. [redacted] is the requesting provider, and he provided treatment reports from 3/1/14 to 8/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 P.O bid #1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms And Cardiovascular Risk, Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk, Page(s): 69. Decision based on Non-MTUS Citation ODG Pain Chapter, for Prilosec.

Decision rationale: This patient presents with neck pain, bilateral shoulder pain, and wrist pain. The treater has asked for omeprazole 20mg #60 P.O. Bid #1 refill on 8/16/14. Patient has been taking Prilosec since 3/1/14. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Current list of medications do include an NSAID (Fenoprofen). In this case, there is no documentation of any GI issues such as GERD, gastritis or PUD. The treater does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues therefore the request is not medically necessary.

Menthoderm 120mg, 4oz #1 refill: 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 Topical Medicine, Salicylate topicals, Page(s): 111-113, 105.

Decision rationale: This patient presents with neck pain, bilateral shoulder pain, and wrist pain. The treater has asked for menthoderm 120mg 4oz #1 refill on 8/16/14. Patient has been using Menthoderm cream since 4/12/14 report. Menthoderm is a topical cream that contains menthol/methyl salicylate. Regarding topical analgesics, MTUS supports NSAIDs for peripheral arthritis/tendinitis problems. In this case, the patient does not present with arthritis or tendinitis which this topical medication is indicated for. The patient does present with wrist pain, but the treater does not indicate how this topical product is being used and with what efficacy. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of indication and documentation of efficacy therefore the request is not medically necessary.

Lidoderm 5 Percent #60, 1-2 patches every 12hours on and 12hours off #1 Refill: 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), Topical Analgesics, Page(s): 56,57 111-113. Decision based on Non-MTUS Citation (ODG) Pain chapter, Lidoderm

Decision rationale: This patient presents with neck pain, bilateral shoulder pain, and wrist pain. The treater has asked for lidoderm 5% #60 1-2 patches every 12 hours on and 12 hours off #1 refill on 8/16/14. The 4/12/14 report states "lidoderm is very helpful." MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient does not present with peripheral, localized neuropathic pain. The patient has peripheral, diffuse, and radicular neuropathic pain for which Lidocaine is not supported therefore the request is not medically necessary.