

Case Number:	CM14-0159046		
Date Assigned:	10/02/2014	Date of Injury:	02/12/2014
Decision Date:	10/28/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Emergency 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 an injured worker with reported date of injury on 2/12/2014. Mechanism of injury is described as a lifting injury. Injured worker has a diagnosis of disc herniation at L4-5 post decompression on 7/24/14, degenerative disc disease L4-5 and L5-S1 and lumbar instability. Medical reports reviewed. Last report available until 9/15/14. Injured worker complains of back pain that is improving post-surgery. Pain is 8/10 without medications and improves to 4/10 with medications. Injured worker claims physical therapy worsens pain. Objective exam reveals normal sensory and motor exam of lower extremity. Straight leg and bowstring test are negative. Normal gait. Mild lumbar tenderness and spasms. Range of motion was not assessed. Letter of response dated 9/28/14 concerning denial has no relevant clinical information concerning denials except to quote papers that are not part of the MTUS and does not override the MTUS guidelines. MRI of lumbar spine (3/17/14) reveals Left L4-5 herniated nucleus pulposus, loss of disc hydration, discogenic changes; collapse L5-S1 with neuroforaminal narrowing. No complete medication list was provided for review. Injured worker appears to be on Norco, Protonix, Lidoderm and Motrin. Prior requested medications include Fexmid, Ultram and Anaprox. Independent Medical Review is for Lidoderm 5% patch #30, Ibuprofen 600mg #90 and Protonix 20mg #60. Prior UR on 9/23/2014 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, Lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain conditions. Injured worker does not have diagnoses that support use of Lidoderm and physical exam does not support any signs of neuropathic pain post-surgery. The requests for Lidoderm patches are not medically necessary.

Ibuprofen 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-Steroidal Anti-inflammatory Drugs) Page(s): 67-68.

Decision rationale: Ibuprofen or Motrin is a non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain guidelines, NSAIDs is recommended for short term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic low back pains but recommendations are for low dose and short course only. There are significant side effects if used chronically. There is documentation of improvement in pain but injured worker continues to have pain problems during physical therapy. Surgery occurred over 2months prior and pain is reportedly improving. Continued use of ibuprofen is not medically necessary.

Protonix 20 mg #60: Upheld

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

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

Decision rationale: Protonix is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the injured worker does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. NSAID is not indicated in this injured worker (see review of ibuprofen) and therefore a PPI is not indicated as well. The request for Protonix is not medically necessary.