

Case Number:	CM14-0167438		
Date Assigned:	10/14/2014	Date of Injury:	04/07/2011
Decision Date:	12/03/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/10/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 55 year old male who sustained an industrial injury on 04/07/11. The mechanism of injury was noted as being struck by a 10-pound rock from approximately 16 feet above, with subsequent injury to head and neck. His medications included Abilify, Nexium, Flexeril, Klonopin, Lidoderm 5% topical film, Trazodone and Vicoprofen. The clinical note from 08/28/14 was reviewed. Subjective complaints included headache that was 6/10 and trouble sleeping. He had significant functional benefit from the medications and stated that without medications, he was able to walk only about 60 feet and can walk about 150 feet with medications. He also stated that he was able to sit for 15 minutes without medications and for 30 minutes with medications. He had no nausea, vomiting or melena. There was no history of peptic ulcer disease. His other problems included depression, insomnia and traumatic brain injury. On examination he was noted to be in pain, with mild photophobia, moderate bilateral cervical paraspinal spasms, AC joint tenderness on right shoulder, crepitus with range of motion, significant weakness of the right ankle extensor mechanism and moderate foot drop on the right. His diagnoses included injury to head, post-concussion syndrome, sprain of neck and neuralgia, neuritis and radiculitis. The request was for Lidocaine topical film 5% and Esomeprazole 40mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lidoderm (Lidocaine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The employee was being treated for head injury, post-concussion syndrome, neck pain, radiculopathy and headaches. The medications included Abilify, Nexium, Flexeril, Klonopin, Lidocaine 5% topical film, Trazodone and Vicoprofen. The request was for Lidocaine topical film and Nexium. According to MTUS, Chronic Pain Medical Treatment guidelines, topical Lidocaine is recommended for localized peripheral pain due to neuropathy after there has been evidence of a trial of first line therapy with 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. The employee had not had a trial of first line medications including Tricyclic/SNRI antidepressants or an AED. Hence, the Lidocaine film is not medically necessary or appropriate.

Nexium 40mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The employee was being treated for head injury, post-concussion syndrome, neck pain, radiculopathy and headaches. The medications included Abilify, Nexium, Flexeril, Klonopin, Lidocaine 5% topical film, Trazodone and Vicoprofen. The request was for Lidocaine topical film and Nexium. According to MTUS, Chronic Pain Medical Treatment guidelines, proton pump inhibitors like Nexium are indicated in the treatment of NSAID induced dyspepsia or for prophylaxis for patients with underlying cardiovascular disease and with high risk for GI events including age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or oral anticoagulant and high dose multiple NSAID use. Since the employee had no documented symptoms of dyspepsia and since he didn't have any of the other risk factors, the request for Nexium is not medically necessary or appropriate.