

Case Number:	CM14-0178728		
Date Assigned:	11/03/2014	Date of Injury:	02/01/2005
Decision Date:	12/09/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/28/2014

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 and is licensed to practice in Illinois. 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 59 year old female who reported an injury on 02/01/2005 due to a fall from a ladder. Her relevant diagnoses included gastritis, multilevel cervical degenerative disc disease with stenosis, multilevel lumbar spondylosis, and bilateral plantar fasciitis. Past treatment included medication. On 09/15/2014, the injured worker followed-up for medication management and noted a decrease in activity without current medications. The physical examination revealed pain upon lumbar and cervical range of motion and palpation. Her medications included Nexium 40mg daily, Tramadol 50mg twice a day, and Lidoderm 5% patch daily. The treatment plan included a refill for Nexium, Tramadol, Lidoderm 5% patch, continue home exercise program and core strengthening program. Requests were received for Nexium 40mg quantity 30, Tramadol 50mg quantity 60, and Lidoderm patch 5% quantity 30, a rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg quantity thirty (30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton pump inhibitors (PPIs).

Decision rationale: The request for Nexium 40mg quantity thirty (30) is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors are recommended for patients with documented GI distress symptoms from taking NSAIDs. In addition, the Official Disability Guidelines, also recommend this for patients with GI issues, however, a trial of omeprazole or lansoprazole is recommended before beginning Nexium therapy. The injured worker was noted to have gastritis from the use of opiates and to have been taking Nexium since at least 06/16/2014 to counteract the gastritis. However, there was a lack of evidence of the injured worker being on a trial of omeprazole or lansoprazole and documentation of efficacy for the Nexium therapy. Based on the absence of a trial of omeprazole or lansoprazole before suggesting Nexium therapy and a lack of evidence showing efficacy of the Nexium treatment, the request is not supported by the guidelines. In addition, the request fails to provide a frequency. As such, the request for Nexium 40mg quantity thirty (30) is not medically necessary.

Tramadol 50mg quantity sixty (60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94; 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78, 93-94.

Decision rationale: The request for Tramadol 50mg quantity sixty (60) is not medically necessary. According to the California MTUS Guidelines, Tramadol is recommended as a second line treatment by itself or in combination with a first line drug, however it is not recommended as a first line oral analgesic. The guidelines also state there is an indication of risk for seizures in patients taking other opioids with Tramadol. The injured worker was noted to have chronic back pain and to have been on Norco since at least 06/16/2014. The documentation failed to provide evidence of efficacy for the Norco regimen. Based on the injured worker taking another opiate without documentation of its efficacy for pain relief, an increased risk for seizures and Tramadol not recommended as a first line oral analgesic, the request is not supported by the guidelines. In addition, the request fails to provide a frequency. As such, the request for Tramadol 50mg quantity sixty (60) is not medically necessary.

Lidoderm patch 5% quantity thirty (30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

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

Decision rationale: The request for Lidoderm patch 5% quantity thirty (30) is not medically necessary. According to the California MTUS Guidelines, topical lidocaine may be recommended after evidence of a trial of a first line therapy such as tri-cyclic, SNRI anti-depressants or an anti-epileptic. The guidelines also state that Lidoderm is not a first line treatment, it is only approved for post-herpetic neuralgia, and further studies are needed for the treatment of chronic neuropathic pain disorders. The injured worker was noted to have chronic low back pain and to have used Lidoderm for an unspecified duration. However, she was not noted to have post-herpetic neuralgia. The documentation failed to provide evidence of a trial of first line therapies. Based on the injured worker not being post-herpetic neuralgia, an absence of a trial of first line therapies and a lack of research to recommend the treatment in chronic neuropathic pain disorders, the request is not supported by the guidelines. In addition, the request fails to provide a frequency. As such, the request for Lidoderm patch 5% quantity thirty (30) is not medically necessary.