

Case Number:	CM14-0022930		
Date Assigned:	05/14/2014	Date of Injury:	10/05/1999
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 5, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical agents; epidural steroid injection therapy; and opioid therapy. In a Utilization Review Report dated February 12, 2014, the claims administrator approved a request for meloxicam and denied a request for omeprazole, Norco, and Lidoderm. The rationale employed an outlined format and was very difficult to follow. The claims administrator did not incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. A September 20, 2013 progress note is notable for comments that the applicant reported persistent complaints of low back pain radiating to the legs. The applicant's sleep and mood are poor. The applicant was in pain, it was stated. The applicant was on diclofenac, Naprosyn, and Lidoderm. The applicant had stopped Elavil owing to side effects. The applicant was given prescriptions for meloxicam, omeprazole, and prednisone, it was stated. Prednisone is apparently being furnished as a taper. The applicant's work status was not provided. In a later progress note dated May 16, 2014, the applicant again presented with persistent low back pain radiating to the leg. The applicant had some left lower extremity weakness, which was not quantified. The applicant's medication list included Medrol, Mobic, Norco, omeprazole, and Lidoderm, it was stated. It was stated in one section of the report that the applicant was presently working full-time as a self-employed contractor and mechanic. It was stated that the applicant was doing home exercises. Norco, omeprazole, and Prilosec were renewed. It was stated that the applicant was using the medication judiciously and was using omeprazole for medication-induced gastritis. The attending provider posited that the medication allowed the applicant to function, including doing home exercises, work, and spend time with his family.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 40MG, 1 CAPSULE AS NEEDED FOR REFLUX, #30, WITH NO REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk.

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, as is present here. In this case, the attending provider has posited that the applicant has developed medication-induced gastritis, which has been alleviated with medication usage. Continuing omeprazole, on balance, is indicated. Therefore, the request is medically necessary.

NORCO 10/325MG, 1 TABLET EVERY 4 HOURS AS NEEDED FOR PAIN, #30, WITH NO REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has reportedly returned to work as a self-employed mechanic. The attending provider has posited that Norco is generating appropriate analgesia, improved performance of activities of daily living, facilitating home exercises, and allowing the applicant to maintain appropriate social function with his family. Continuing Norco then, on balance, is indicated as all the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines have been met here. Therefore, the request is medically necessary.

LIDODERM 5%, 1 PATCH ON/OFF EVERY 12 HOURS AS NEEDED FOR PAIN, #30, WITH 1 REFILL: Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine or Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in individuals in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there has been no evidence that first-line antidepressants and/or anticonvulsants were attempted for neuropathic pain here. It is further noted that the applicant's widespread low back pain is likely not amenable to topical application. Therefore, the request is not medically necessary, for all of the stated reasons.