

Case Number:	CM14-0026612		
Date Assigned:	06/13/2014	Date of Injury:	12/14/2010
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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 & Rehabilitation 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 45 year old female who was injured on 12/14/2010 when she lifted and moved two boxes of books. Prior treatment history has included procedure report dated 07/16/2013 the patient underwent lumbar epidural steroid injection at the left L4-L5 level. Progress note dated 02/03/2014 documented the patient with complaints of aching thigh on the right side as well as burning, stabbing and aching pain in the mid and lower lumbar spine. The pain level is rated a 4/10 at rest and 8-9/10 with activity. Objective findings reveal some loss of flexibility of the lower back. Stretch tests are positive confirming nerve entrapment and/or impairment in the lower back. Femoral stretch test is normal. Patrick's/FABER test reveals normal sacroiliac joints. Diagnosis was low back pain with left leg sciatica. Treatment Plan: A refill of Norco 10/325 mg #90 was called in to the pharmacy. The patient was also issued a prescription for omeprazole 60 mg daily #30 to compliment the use of anti-inflammatory by mouth protecting the GI tract. Also, the patient is prescribed Lidoderm patches 5% for the lumbar spine 12 hours on and 12 hours off. The patient remains permanent and stationary as of 07/11/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 111-113.

Decision rationale: The above guidelines state lidocaine indication is for neuropathic pain, 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). There is no clear evidence in the provided documentation that a trial of first-line therapy (tri-cyclic or SNRI or AED medications) have been previously tried. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

OMEPRAZOLE 60 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The above guidelines state the clinician should weigh the indications for NSAIDS against both GI and cardiovascular risk factors. The guidelines state to determine if the patient is at risk for gastrointestinal events: 1) age >65; 2) history of peptic ulcer, GI bleeding or perforation; 3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; 4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, there is documentation on note from 2/3/14 by [REDACTED] that [REDACTED] recommends omeprazole to protect against the harmful side effects of anti-inflammatory medications on the GI tract. However, this does not address the above risks. The patient is 45 years old with no documented history of peptic ulcer, GI bleed, or perforation, and no documented concurrent use of ASA, corticosteroids or high dose/multiple NSAID. Further, the guidelines recommend for patients with no risk factor and no cardiovascular disease, non-selective NSAIDs are safe and effective (e.g, ibuprofen, naproxen, etc.), whereas for patient's at intermediate risk for gastrointestinal events and no cardiovascular disease, a non-selective NSAID with either a PPI (Proton Pump Inhibitor) or a Cox-2 selective agent is preferred. In this case, there is no documented history of risk for GI events to merit an order of a PPI. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.