

Case Number:	CM14-0028363		
Date Assigned:	06/16/2014	Date of Injury:	08/28/2004
Decision Date:	08/05/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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, Pulmonary Diseases 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 injured worker is a 40-year-old male who reported an injury on 08/28/2004. The mechanism of injury was the injured worker fell approximately 10 feet while trimming trees. The injured worker's medication history included Lidoderm patches, opiates, Voltaren gel, and Aciphex as of 08/2013. The prior treatments included a TENS unit, physical therapy, and medications. The injured worker had lumbar spine surgery in 2012. The documentation of 01/22/2014 revealed the injured worker had back pain radiating from his low back down both legs. The diagnoses included post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease, lumbar facet syndrome, and lumbar radiculopathy. The documentation indicated the injured worker was cleared for a spinal cord stimulator trial for 12/2013. The treatment plan included a continuation of the injured worker's current medications and it was indicated the injured worker had constipation and gastrointestinal distress. The documentation indicated the Lidoderm 5% patch was to address hypersensitivity and nerve pain in the low back, and Aciphex was to address the chronic gastrointestinal distress symptoms caused by previous long-term use of NSAIDs and other pain medications to treat chronic pain. Additionally, it was indicated the injured worker would have a 1 time fill of Keflex 500 mg with a quantity of 28 for prophylactic treatment after lead placement for a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

KEFLEX 500MG, #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Disease Chapter, Cephalexin (Keflex®).

Decision rationale: The Official Disability Guidelines indicate that Keflex is recommended as a first line treatment for cellulitis and other conditions. However, there was a lack of documentation indicating a necessity for the Keflex post-lead placement. It was indicated it was for prophylaxis. However, there was a lack of documentation indicating the condition to necessitate prophylactic use. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Keflex 500 mg #28 is not medically necessary.

LIDODERM 5% PATCH, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: The California MTUS Guidelines recommended Lidoderm for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. Further research is needed to recommend the treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documentation indicating the objective functional benefit and the objective decrease in pain that was received from the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm 5% patch #30 is not medically necessary.

ACIPHEX 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommended proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months and it was documented the injured worker was utilizing the medication for chronic gastrointestinal distress symptoms caused by previous long-term use of NSAIDs and other pain

medications to treatment chronic pain. However, there was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Aciphex 20 mg #30 is not medically necessary.