

Case Number:	CM14-0038650		
Date Assigned:	06/27/2014	Date of Injury:	11/03/2011
Decision Date:	08/15/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 53-year-old female injured on 11/03/11 due to an undisclosed mechanism of injury. Current diagnoses include cervical pain, cervical radiculopathy, shoulder pain, and low back pain. The clinical note dated 01/21/14 indicates the injured worker presented complaining of neck pain radiating into the right upper extremity with poor quality of sleep. Physical examination of the cervical spine revealed restricted range of motion, paravertebral tenderness and tight muscle band on the right, Spurling's maneuver causes pain but no radicular symptoms, tenderness in the cervical spine and trapezius, restricted range of motion of the right shoulder, Hawkins' test positive, crossover test negative, empty can test positive, lift off test positive, and tenderness noted in the acromioclavicular joint. Current medications include Voltaren gel, Ultram, Ambien, Motrin, Protonix, Flexeril and Zoloft. The initial request for Lidoderm 5% patch, quantity 30, Voltaren 1% gel, quantity 3, and Protonix 20mg, quantity 30 was initially non-certified on 03/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch qty. 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

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

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or Serotonin-norepinephrine reuptake inhibitors anti-depressants or an anti-epileptic drug such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The request does not meet the established and accepted medical guidelines, therefore Lidoderm 5% patch qty. 30 is not medically necessary.

Voltaren 1% gel qty. 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Voltaren Gel is not recommended as a first-line treatment. Voltaren Gel is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drug (NSAID), contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to Food and Drug Administration MedWatch, postmarketing surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. As such the request for Voltaren 1% gel qty. 3 is not medically necessary.

Protonix 20mg, Qty. 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: Proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory drug (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been

shown to increase the risk of hip fracture. As such, the request for Protonix 20mg, Qty. 30 is not medically necessary.