

Case Number:	CM14-0046589		
Date Assigned:	07/02/2014	Date of Injury:	05/26/2006
Decision Date:	08/27/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 53-year-old female who reported an injury on 05/26/2006. The mechanism of injury was not provided in the medical records. Her diagnoses included bilateral shoulder rotator cuff tendinopathy and mild impingement syndrome, lumbar spondylosis, and cervical spondylosis. Her past treatments were not provided in the medical records. On 01/07/2014, the injured worker presented with complaints of intermittent neck, back, and shoulder pain. It was noted that she reported functional improvement and pain relief with her medications. Her physical examination was noted to reveal a positive impingement sign of the bilateral shoulders and decreased range of motion of the lumbar spine. Her medications were noted to include Prilosec 20 mg, Motrin 800 mg, and Lidoderm patches. Her treatment plan was noted to include medication refills based on her degree of progress with her current treatment including medications. The request for authorization form was submitted on 01/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69..

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that a proton pump inhibitor may be recommended for patients taking nonsteroidal anti-inflammatory drug (NSAID) medications who have symptoms of dyspepsia or are found to be at intermediate to high-risk for gastrointestinal events. The clinical information submitted for review indicated that the patient was utilizing ibuprofen 800 mg. However, the documentation failed to indicate the injured worker's need for Prilosec as there was no documentation of dyspepsia or significant risk factors for gastrointestinal events. Therefore, continued use of Prilosec is not supported. As such, the request is not medically necessary.

Lidoderm patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lidoderm.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that Lidoderm patches are FDA-approved to treat postherpetic neuralgia but further research is needed to recommend Lidoderm patches for chronic neuropathic pain disorders other than postherpetic neuralgia. In addition, prior to the use of Lidoderm patches, the documentation should show that the injured worker was nonresponsive to first-line medications including antidepressants and anticonvulsants. The clinical information submitted for review did not indicate that the injured worker has a diagnosis of postherpetic neuralgia. There was insufficient documentation showing the failure of antidepressants and anticonvulsants to treat neuropathic pain. Therefore, the use of Lidoderm patches is not supported by the evidence-based guidelines. As such, the request is not medically necessary.