

<b>Case Number:</b>	CM14-0056715		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/04/2007
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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:

This is a 46-year-old female with a 9/4/07 date of injury. The mechanism of injury was not noted. According to a 3/4/14 progress note, the patient stated that she was currently participating in acupuncture and she has noticed some improvement in the right shoulder, but right upper extremity was hurting because of the needle poking in acupuncture. Objective findings are slight tenderness to palpation on right paravertebrals as well as the trapezius, normal ROM chin to test, tenderness to palpation in the medial border of right scapular area, slight tenderness to palpation on the right wrist on deep palpation. Diagnostic impression is cervical sprain, right shoulder sprain, right tennis elbow, right de Quervain tenosynovitis, right wrist sprain, right lateral epicondylitis, right medial epicondylitis, myofascial pain, anxiety/stress, depression, gastritis. Treatments to date are medication management, activity modification, acupuncture. A UR decision dated 4/8/14 denied the requests for omeprazole, lidocaine patches, and Celexa. Regarding omeprazole, the indication for this medication is not clear; it is not supported in this clinical scenario since no risk factors for GI events are described. Regarding lidocaine patch, the objective findings did not support the presence of neuropathy. Further, failure of first-line therapy prior to use of lidocaine patch was not demonstrated. Regarding Celexa, the record reviewed did not provide a psychological assessment to determine necessity of this anti-depressant medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg, QTY: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Pain Chapter, Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In the reports reviewed, it is documented that the patient is taking Motrin, an NSAID, on a chronic basis. The patient has also been diagnosed with gastritis. Guidelines support the use of omeprazole in patients on chronic NSAID therapy and gastrointestinal complaints. Therefore, the request for Omeprazole 20 mg, QTY: 60 was medically necessary.

**Lidocaine 5% patches, QTY: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm.

**Decision rationale:** CA MTUS states that topical lidocaine may be 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The reports reviewed do not indicate that the patient has a neuropathic component to her pain. In addition, guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). There should be documentation of a successful trial of Lidoderm patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, there is no discussion in the reports provided documenting that the patient has failed treatment with a first-line agent such as gabapentin. Therefore, the request for Lidocaine 5% patches, QTY: 30 was not medically necessary.

**Celexa 20 mg, QTY: 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Celexa).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. The FDA states that Celexa is indicated for depression. According to the reports reviewed, the patient is diagnosed with depression and anxiety. Guidelines support the use of Celexa as a first-line agent for these conditions. Therefore, the request for Celexa, 20 mg QTY:30 was medically necessary.