

Case Number:	CM14-0058973		
Date Assigned:	07/09/2014	Date of Injury:	03/27/2000
Decision Date:	08/12/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 55-year-old male with a reported date of injury on 03/27/2000. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with chronic pain in the neck, low back, and bilateral knees. Upon physical examination, the injured worker's lumbar spine range of motion revealed extension to 20 degrees, flexion to 50 degrees, and bilateral rotation to 60 degrees with mild tenderness to palpation of the lumbar paraspinal muscles. Previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnoses included post cervical laminectomy syndrome, post lumbar laminectomy syndrome, and knee arthroscopy. The injured worker's medication regimen included Lidoderm patches, gabapentin, omeprazole, Xanax, Ambien, Nuvigil, and Cymbalta. The Request for Authorization for lidocaine patches 5% #45, omeprazole 20 mg #15, and Flexeril 10 mg #45 was submitted on 04/09/2014. The physician indicated, omeprazole was for stomach GI effects associated with the use of naproxen. The rationale for the request for lidocaine patches and Flexeril was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56-57.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Lidoderm is the brand name for lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a first trial of first line therapy. Lidoderm patches are not a first line treatment and is only Food and Drug Administration (FDA) approved for postherpetic neuralgia. There is a lack of documentation related to the therapeutic and functional benefits in the use of lidocaine patches. The clinical note dated 04/14/2014 indicates that the injured worker's pain scale was 4/10 to 5/10. The clinical note dated 06/09/2014 indicate the injured worker's pain scale was 6/10 to 7/10. There was a lack of objective clinical findings of functional and/or therapeutic benefit related to the long term use of Lidoderm patches. In addition, the guidelines do not recommend lidocaine patches beyond the use diabetic neuropathy. The request as submitted failed to provide frequency and specific location site at which the lidocaine patches were to be utilized. Therefore, the request for lidocaine patches 5% #45 is not medically necessary and appropriate.

Omeprazole 20mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend injured workers at risk for gastrointestinal events should utilize a nonselective NSAID with either a PPI (proton pump inhibitor; for example, 20 mg omeprazole daily) or a cox-2 selective agent. Long term PPI use has been shown to increase the risk of hip fracture. The documentation to determine if the injured worker is at risk for gastrointestinal events should include age is greater than 65 years; history of peptic ulcer; GI bleeding or perforation; concurrent use of aspirin, corticosteroid, and/or an anticoagulant; or high dose multiple NSAID use. The clinical information provided for review lacks documentation of peptic ulcer, GI bleeding or perforation, or a history of gastrointestinal events. The physician indicated the request for omeprazole was for stomach/GI side effects associated with the naproxen. There is a lack of documentation related to the injured worker's GI side effects related to naproxen. In addition, the request as submitted failed to provide frequency and durations for use. Therefore, the request for Omeprazole 20 mg #15 is not medically necessary and appropriate.

Flexeril 10mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend Flexeril as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In the note dated 07/07/2014, the physician indicates Flexeril has been discontinued. Therefore, the request is unclear. In addition, the request as submitted failed to provide the frequency and directions for use. As the clinical documentation indicates that Flexeril has been discontinued, the request for Flexeril 10 mg #45 is not medically necessary and appropriate.