

<b>Case Number:</b>	CM14-0069934		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/12/2002
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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:

According to the records made available for review, this is a 50-year-old male with a 4/12/02 date of injury. At the time (4/1/14) of request for authorization for Lidocaine 5% Patch Quantity 30 and Prilosec 20 mg Quantity 60, there is documentation of subjective (back pain radiating into the lower extremities) and objective (tenderness over the lumbar paravertebral musculature with guarding and decreased sensation on bilateral L5 and S1 dermatomes) findings, current diagnoses (thoracic or lumbosacral neuritis or radiculitis), and treatment to date (medications (including ongoing treatment with Naproxen, Lidocaine patch and Prilosec since at least 2/7/14)). Medical reports identify that medications increase the patient's functional capacity and facilitate activities of daily living. Regarding Lidocaine patch, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Regarding Prilosec, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% patch quantity 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of thoracic or lumbosacral neuritis or radiculitis. In addition, there is documentation of ongoing treatment with Lidocaine patch. Furthermore, given documentation of subjective (back pain radiating into the lower extremities) and objective (tenderness over the lumbar paravertebral musculature with guarding and decreased sensation on bilateral L5 and S1 dermatomes) findings, there is documentation of neuropathic pain. Lastly, given documentation that Lidocaine patch increases the patient's functional capacity and facilitates activities of daily living, there is documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidocaine patch use to date. However, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine 5% patch quantity 30 is not medically necessary.

**Prilosec 20mg quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of a diagnosis of thoracic or lumbosacral neuritis or radiculitis. In addition, there is documentation of ongoing treatment with Prilosec with NSAIDs use. However, despite documentation of ongoing treatment with NSAIDs, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg quantity 60 is not medically necessary.

