MAXIMUS Federal Services

Case Number:	CM14-0079401		
Date Assigned:	07/18/2014	Date of Injury:	05/10/2010
Decision Date:	09/12/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/29/2014

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 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain, bilateral lower extremity pain, neck pain, and shoulder pain reportedly associated with an industrial injury of May 10, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; suprascapular nerve block; and topical agents.In a utilization review report dated May 19, 2014, the claims administrator approved a request for oral ketoprofen while denying a request for omeprazole and lidocaine patches. The claims administrator did incorporate non-MTUS ODG guidelines into its approval for ketoprofen, although the MTUS did address the topic.The applicant's attorney subsequently appealed.In a progress note dated April 30, 2014, the applicant was described as using oral ketoprofen, lidocaine, Prilosec, Klonopin, Prozac, Risperdal, and Desyrel. 6/10 low back, neck, and upper extremity pain with medications was appreciated versus 7/10 pain without medications. The applicant was difficulty performing activities of daily living, basic and self care, personal hygiene, ambulating, hand function, and sleep. The applicant was having issues with gastrointestinal upset, due to medications. The attending provider has posited that earlier usage of Nexium has been effective in ameliorating the same. Lidoderm patches were sought, along with oral ketoprofen and Prilosec.On June 3, 2014, the applicant was again described as having persistent complaints of gastrointestinal upset due to medication. The applicant complained that Nexium had been denied by the claims administrator. 6/10 pain with medications was appreciated versus 8/10 pain without medications. The applicant was still having difficulty performing activities of daily living, basic and self care, personal hygiene, ambulating, hand function, and sleep, despite ongoing medication usage, it was acknowledged. The applicant's medications list included ketoprofen, lidocaine, Prilosec, Klonopin, Prozac, Risperdal, and Desyrel, it was stated. The applicant was not working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 46, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, page 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as omeprazole are indicated in the treatment of NSAID induced dyspepsia, as appears to be present here. The applicant apparently had on and off issues with dyspepsia and heartburn, apparently medication induced. Provision of omeprazole to combat the same is indicated. Therefore, the request is medically necessary.

Lidocaine 5% patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112; 7.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of the localized peripheral pain or neuropathic pain in applicants in whom there has been a trial first line therapy with antidepressants and/or anticonvulsants. In this case, however, there has been no concrete evidence of antidepressant and/or anticonvulsant adjuvant medication failure before introduction and/or ongoing usage of lidocaine patches. It is further noted that the applicant has received and use the lidocaine patches in question for some time, despite the unfavorable MTUS position on the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medications efficacy into his choice of recommendations. In this case, however, the applicant's reported drop in pain scores from 7/10 to 6/10 with medications appears to be marginal to negligible and is outweighed by the applicant's failure to return to any form of work and difficulty performing activities of daily living as basic as self care, personal hygiene, ambulating, sleeping, and hand function. All the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Lidoderm patches. Therefore, the request is not medically necessary.