

Case Number:	CM14-0082205		
Date Assigned:	07/21/2014	Date of Injury:	04/24/2007
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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 C. 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 claimant was injured on 04/24/07. Lidoderm patches and Protonix are under review. She saw Dr. [REDACTED] on 03/07/14 and was prescribed Celexa. She was being seen for psychiatric follow-up. She has also seen a psychologist for depression. She had injured her cervical spine and upper extremities due to cumulative trauma. She had electrodiagnostic studies that showed cubital tunnel syndrome. She saw [REDACTED] on 11/08/13. Her cervical spine MRI and Lidoderm patches had been denied. She was diagnosed with cervical radiculopathy, lumbar radiculitis/radiculopathy, chronic pain and depression and chronic nausea and vomiting. She had tried Butrans, Norco, tramadol, and anti-inflammatories. She saw [REDACTED] again on 04/22/14. She continued to complain of neck pain radiating down both upper extremities and low right back pain down both legs. Pain rated 5-8/10 depending on the use of medication. She was in moderate to severe distress and had spasm about the cervical spine with tenderness. She had decreased range of motion and decreased strength. She also had tenderness about the low back with decreased range of motion. Lidoderm patch and Protonix were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, apply as directed, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Lidoderm patches at this time. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed (Namaka, 2004)." There is no evidence of failure of all other first line drugs including acetaminophen, antidepressants (she has been given Celexa), and antineuropathic medications. Trials and failure of first line drugs have not been clearly described. Therefore the request is not medical necessary Lidoderm 5% patches #30.

Protonix DR 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Protonix. The MTUS state regarding PPIs, "patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. Only complaints of nausea and vomiting have been documented. There is no evidence of gastrointestinal symptoms or increased risk of gastritis or peptic ulcer disease to support the use of a proton pump inhibitor. The claimant's pattern of use of this medication and the benefit she receives has not been noted in the records. Therefore, the request is not medical necessary for Protonix DR 40 mg #30.