

Case Number:	CM14-0082358		
Date Assigned:	07/21/2014	Date of Injury:	04/26/2008
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 35-year-old male with an injury date of 04/20/2008. According to the 03/06/2014 progress report, the patient complains of lower back pain, which she rates as a 7/10. This pain radiates to the right toes. Patient also has allergy problems and is unable to swallow. There is tenderness of the right sacroiliac joint as well as the right sciatic notch. Patient has an antalgic gait and has a positive right heel and toe walk. The patient's diagnoses include the following: 1. Lower back pain syndrome. 2. Disk disease, L4-S1. 3. Lumbosacral neuritis, NOS. Utilization review determination being challenged is dated 05/07/2014. Treatment reports are provided from 09/03/2013 - 06/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% #30 for 15 days and one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: Criteria for use of Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 112.

Decision rationale: Based on the 03/06/2014 progress report, the patient presents with lower back pain, which radiates down to his right foot. The request is for lidocaine 5% #30 for 15 days, 1 refill. It appears as though the patient began taking lidocaine on 03/06/2014. The review of the reports does not provide any discussion as to how the patient has been doing or why the patient even needs lidocaine. There is no indication of where the patient will be applying these patches to. MTUS guidelines recommends lidocaine patches for neuropathic pain only stating, "Recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, tricyclic SNRI, antidepressants, or an AED such as gabapentin or Lyrica." The patient does present with neuropathic pain and there is no indication of where these patches will be applied to. The request is not medically necessary.

Omeprazole (Prilosec) 40 mg DR cap and 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Omeprazole capsule, delayed release, <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=878064ef-6a81-4999-8902-9da151e9c22d5.3> Bone Fracture.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Based on the 03/06/2014 progress report, the patient presents with pain in his lower back, which radiates down to his right toes. The request is for omeprazole (Prilosec) 40 mg DR cap, refill times 3. Patient has been taking omeprazole as early as 05/09/2012, stating that, "Omeprazole was approved for ongoing gastritis." Besides that report in 2012, there are no recent reports indicating that the patient has any gastritis issues. MTUS supports the usage of proton pump inhibitors for gastric side effects due to NSAID use. For prophylactic use of PPIs, MTUS requires gastrointestinal (GI) assessment that includes the patient's age, history of PUD, high dose of NSAID use, concurrent use of ASA or anticoagulant therapy, etc. Treater has not documented any gastrointestinal symptoms for this patient. There is no mention of any GI symptoms since 2012. Routine use of PPI for prophylaxis is not supported without GI assessment. Therefore, the request is not medically necessary.