

Case Number:	CM14-0083134		
Date Assigned:	07/21/2014	Date of Injury:	01/01/2001
Decision Date:	08/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/04/2014

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 and is licensed to practice in Nevada. 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 57-year-old female who was reportedly injured on 1/1/2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 5/1/2014 indicates that there are ongoing complaints of low back pain with radiation to left lower extremity. The physical examination demonstrated lumbar spine: positive tenderness to palpation, mental status alert and oriented, skin clean dry and intact. No recent diagnostic studies are available for review. Previous treatment includes psychological referral, physical therapy, medications, and conservative treatment. A request was made for omeprazole 20 mg #60, Lidopro ointment 121 mg and was not certified in the pre-authorization process on 5/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Updated 04/10/2014).

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

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is mention in the history that states no new gastric issues. However, there is no other information available concerning any potential/possible gastric issues. There is no associated diagnosis with a gastric issue. Additionally, the claimant does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, the continued use of this medication is deemed not medically necessary at this time.

Lidopro Ointment 121mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation www.drugs.com, Menthol Topical, <http://www.drugs.com/mtm/menthol-topical-oral-mucous-membrane.html>.

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

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, there is no documentation of failed first-line treatment options, as well as objective clinical findings of radicular/neuropathic pain in specific dermatomes. As such, the request is considered not medically necessary.