

Case Number:	CM14-0093969		
Date Assigned:	07/25/2014	Date of Injury:	02/28/2006
Decision Date:	09/18/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 63-year-old female who has submitted a claim for bilateral ulnar neuropathy associated with an industrial injury date of February 28, 2006. Medical records from 2013 to 2014 were reviewed. The patient has been using Lidoderm patches since April 2013, Cymbalta since February 2013, Wellbutrin since November 2012, Omeprazole since November 2012, and Ibuprofen since at least March 2014. The patient is status post carpal tunnel release of the right wrist. Currently, the patient complains of stiffness, warmth, weakness and sharp pain in both wrists and hands. The pain is rated at 5 out of 10. The physical examination revealed a well-healed scar across the radial aspect of the right wrist. The patient has full range of motion on all fingers. Inspection of bones, joints and muscles is unremarkable. Treatment to date has included oral medications. Utilization review from June 18, 2014 denied the request for Lidoderm 5% #30 because the patient continues to use Wellbutrin and Cymbalta without any incident. The same review denied the request for Omeprazole 20mg #30 because the patient does not have any gastrointestinal issues or GERD, nor is she at risk for gastrointestinal bleed or ulcer. The same review denied the request for Ibuprofen 600mg #90 because long term use of NSAIDs is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Pages 56 to 57 of the California MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy drugs, which would include a tricyclic or SNRI anti-depressant or an anti-epilepsy drug (AED) such as Gabapentin or Lyrica. In this case, patient has been on Lidoderm patches since April 2013. The submitted medical records show that the patient has been prescribed Cymbalta since February 2013 and Wellbutrin since November 2012. Wellbutrin and Cymbalta are both antidepressants. Medical records demonstrate a trial of first-line therapy with antidepressants; therefore, the use of topical lidocaine is warranted in this case. Moreover, a progress report from 2/28/2014 stated that the patient's use of medications provided 70% symptom relief and increase in functional capacity. Therefore, the request for Lidoderm 5% #30 is medically necessary.

Omeprazole 20mg #30: 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 and Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors (PPIs) are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA (Aspirin), corticosteroids, or anticoagulants; or high dose/multiple NSAID (non-steroidal anti-inflammatory drug). In this case, the patient has been using Omeprazole since November 2012. The patient has described no episodes of GI symptoms warranting PPI therapy. The medical records submitted also do not identify risk factors for any gastrointestinal event to warrant prophylaxis. The patient is 63 years old with no history of peptic ulcer, GI bleeding, or GI perforation. The patient's request to continue the use of the NSAID Ibuprofen was non-certified by a previous utilization review. Medical necessity has not been established. Therefore, the request for Omeprazole 20mg #30 is not medically necessary.

Ibuprofen 600mg #90: 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 Page(s): 22 and 72.

Decision rationale: As stated on pages 22 and 46 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. On page 72 of the Chronic Pain Medical Treatment Guidelines, it states that Ibuprofen can be taken for mild to moderate pain at a dosage of 400mg by mouth, every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. In this case, patient has been on Ibuprofen since at least March 2014 (6 months to date). Chronic NSAID intake however is not recommended by guidelines. Medical records submitted for review also failed to show objective evidence of functional improvement derived from NSAID use. Therefore, the request for Ibuprofen 600mg #90 is not medically necessary.