

Case Number:	CM14-0012794		
Date Assigned:	02/21/2014	Date of Injury:	05/19/1988
Decision Date:	02/26/2015	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 63-year-old woman with a date of injury of May 19, 1988. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar discopathy with disc displacement; lumbar radiculopathy; and carpal tunnel syndrome. Pursuant to the sole handwritten progress reports in the medical record dated September 21, 2013, the IW complains of lumbar spine pain with radiation to the right leg with numbness and tingling. She also has intermediate left leg symptoms. Pain is aggravated by (illegible). Objective physical findings reveal lumbar spine well healed incision. There is positive tenderness (illegible). There is tenderness in the bilateral SI joints. Faber's test and Patrick's tests are positive. Medications were not documented. There was no review of systems documented. There were no GI complaints or objective findings documented. The treatment plan recommendations include continue medications, repeat request for MRI of the lumbar spine, and Temperpedic Mattress for support. The remainder of the treatment plan is illegible. The current request is for Nexium 40mg #40, and Lidoderm patches 5% #90. The initial request for authorization is dated October 1, 2013. It is unclear if the request is for refills or new prescriptions. There was no evidence of objective functional improvement with the prescribed medications. Nexium and Lidoderm are not mention in the sole progress report dated September 21, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #40: 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 Omeprazole (PPI) Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nexium 40 mg #40 is not medically necessary. Nexium is a proton pump inhibitor. A trial of omeprazole or lansoprazole is recommended before Nexium therapy. See the guidelines for additional proton pump inhibitor details. In this case, the injured worker's working diagnoses are lumbar discopathy with disc displacement; lumbar radiculopathy; and carpal tunnel syndrome. There were no GI complaints or objective findings documented. There was a single progress note in the medical record dated September 21, 2013. There were no medications documented in the medical record. The treatment plan indicated "continue medications" and repeat request for MRI lumbar spine. The remainder of the treatment plan was illegible. It is unclear from the documentation whether this is for a refill for new prescription for Nexium. Consequently, there was no evidence of objective functional improvement discernible from the medical record. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Nexium 40 mg #40 is not medically necessary.

Lidoderm patches 5% #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 Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch 5% #90 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine is recommended for localized pain consistent with a neuropathic etiology after there has been evidence of a first line trial would tricyclic or antiepileptic drugs. They are generally not recommended for non-neuropathic pain. In this case, the injured worker's working diagnoses are lumbar discopathy with disc displacement; lumbar radiculopathy; and carpal tunnel syndrome. There was a single progress note in the medical record dated September 21, 2013. There were no medications documented in the medical record. The treatment plan indicated "continue medications" and repeat request for MRI lumbar spine. The remainder of the treatment plan was illegible. It is unclear from the documentation whether this is for a refill for

new prescription for Lidoderm. Consequently, there was no evidence of objective functional improvement discernible from the medical record. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidoderm patch 5% #90 is not medically necessary.