

Case Number:	CM14-0159721		
Date Assigned:	10/03/2014	Date of Injury:	06/28/2006
Decision Date:	10/13/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 is a 54 year old female, who sustained an industrial injury on June 28, 2006. The injured worker was diagnosed as having occipital neuropathy, occipital neuralgia, musculotendinoligamentous injury of the cervical spine, musculotendinoligamentous injury of the right shoulder, right shoulder impingement syndrome, carpal tunnel release, reflex sympathetic dystrophy and complex regional pain syndrome of the upper limb, carpal tunnel syndrome, wrist derangement, radiculopathy, right trigger finger, right shoulder arthroscopy, tendinoligamentous injury to the right elbow and bilateral wrists. An evaluation on May 12, 2104 revealed the injured worker had increased right shoulder pain since her previous visit. She rated her pain an 8 on a 10-point scale. She reported her left elbow pain had increased by 20% and there was no change in the characteristics of the pain. She reported that her medications were helping and noted that she had abdominal pain as a side effect. Her activities of daily living and her quality of life were documented as being unchanged. Her quality of sleep was poor and her mood was within normal limits. On physical examination the injured worker had tenderness to palpation, tight muscle band, trigger point along the cervical spine. She had positive shoulder crossover test, empty cans test, Yergason's test and Jobe relocation test of the right shoulder. She had tenderness to palpation over the right shoulder. Left shoulder testing was negative and she had no tenderness to palpation. The injured worker had tenderness to palpation over the right lateral epicondyle and the medial epicondyle. She had swelling over the right wrist and a positive Tinel's sign. Her temperature was decreased over her right hand. Her medications included Neurontin 800 mg, Effexor 37.5 mg, Norco 10-325 mg, Lidocaine 5% patch, Prilosec DR 40 mg,

Soma 350 mg, voltaren 1% and ibuprofen 800 mg. The submitted documentation indicates the injured worker has used Ibuprofen, Lidocaine patches and omeprazole since at least December 19, 2013. Treatment to date has included NSAIDS, topical pain patches, modified work duties, right shoulder arthroscopic surgery, right elbow surgery, and carpal tunnel release of the right wrist. A request for Ibuprofen 800 mg #90, Lidocaine PAD 5% #90, and Omeprazole capsules 40 mg #90 was received on September 2, 2014. The Utilization Review physician denied Ibuprofen 800 mg #90, Lidocaine PAD 5% #90, and Omeprazole capsules 40 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #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 Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ibuprofen 800 mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are occipital neuropathy; musculotendinoligamentous cervical spine and right shoulder; impingement syndrome right shoulder; carpal tunnel release right; adjustment reaction; reflex sympathetic dystrophy/complex regional pain syndrome upper limb; chronic pain; carpal tunnel syndrome bilateral; cubital tunnel syndrome right elbow; cervical spine radiculopathy; bicycle bicipital tenosynovitis; lateral epicondylitis); trigger finger right; muscle weakness, insomnia; rotator cuff tendinitis right shoulder. Date of injury is June 28, 2006. Request for authorization is September 2, 2014. According to a December 19, 2013 progress note, current medications included ibuprofen, lidocaine pads and omeprazole. The pain scale was 8/10. According to a March 17, 2014 progress note, the injured worker's symptoms were unchanged with a pain scale 8/10. According to the most recent progress note dated June 23, 2015, the clinical documentation included medications and diagnoses. There were no subjective or objective complaints. The most complete progress note is dated May 12, 2014. Pain score was 8/10. Subjective complaints include left elbow pain with no new symptoms. Medications are helping. There is no documentation of gastrointestinal risk factors or co-morbid conditions. There is no documentation demonstrating objective functional improvement to support ibuprofen 800 mg. There is no documentation of an attempt to wean ibuprofen 800 mg. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no attempted weaning of ibuprofen, no documentation of subjective improvement based on pain scales and no documentation demonstrating objective functional improvement to support ongoing ibuprofen, ibuprofen 800 mg #90 is not medically necessary.

Lidocaine pad 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 Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lidocaine patch 5% #90 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are occipital neuropathy; musculotendinoligamentous cervical spine and right shoulder; impingement syndrome right shoulder; carpal tunnel release right; adjustment reaction; reflex sympathetic dystrophy/complex regional pain syndrome upper limb; chronic pain; carpal tunnel syndrome bilateral; cubital tunnel syndrome right elbow; cervical spine radiculopathy; bicycle bicipital tenosynovitis; lateral epicondylitis); trigger finger right; muscle weakness, insomnia; rotator cuff tendinitis right shoulder. Date of injury is June 28, 2006. Request for authorization is September 2, 2014. According to a December 19, 2013 progress note, current medications included ibuprofen, lidocaine pads and omeprazole. The pain scale was 8/10. According to a March 17, 2014 progress note, the injured worker's symptoms were unchanged with a pain scale 8/10. According to the most recent progress note dated June 23, 2015, the clinical documentation included medications and diagnoses. There were no subjective or objective complaints. The most complete progress note is dated May 12, 2014. Pain score was 8/10. Subjective complaints include left elbow pain with no new symptoms. Medications are helping. There is no documentation demonstrating objective functional improvement to support ongoing lidocaine pads. There is no documentation of first-line treatment failure with antiepileptic drugs and antidepressants. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no subjective improvement based on pain scales and no documentation of failed first-line treatment with anti-epilepsy drugs and antidepressants, lidocaine patch 5% #90 is not medically necessary.

Omeprazole 40mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Omeprazole, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 40 mg #90 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are occipital neuropathy; musculotendinoligamentous cervical spine and right shoulder; impingement syndrome right shoulder; carpal tunnel release right; adjustment reaction; reflex sympathetic dystrophy/complex regional pain syndrome upper limb; chronic pain; carpal tunnel syndrome bilateral; cubital tunnel syndrome right elbow; cervical spine radiculopathy; bicycle bicipital tenosynovitis; lateral epicondylitis); trigger finger right; muscle weakness, insomnia; rotator cuff tendinitis right shoulder. Date of injury is June 28, 2006. Request for authorization is September 2, 2014. According to a December 19, 2013 progress note, current medications included ibuprofen, lidocaine pads and omeprazole. The pain scale was 8/10. According to a March 17, 2014 progress note, the injured worker's symptoms were unchanged with a pain scale 8/10. According to the most recent progress note dated June 23, 2015, the clinical documentation included medications and diagnoses. There were no subjective or objective complaints. The most complete progress note is dated May 12, 2014. Pain score was 8/10. Subjective complaints include left elbow pain with no new symptoms. Medications are helping. There is no documentation demonstrating objective functional improvement to support ongoing omeprazole. As noted above, there were no risk factors or comorbid conditions for gastrointestinal events. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no risk factors or comorbid conditions for G.I. events and no clinical indication or rationale for ongoing omeprazole, Omeprazole 40 mg #90 is not medically necessary.