

Case Number:	CM14-0196757		
Date Assigned:	12/01/2014	Date of Injury:	10/27/2007
Decision Date:	01/22/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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 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 59 year old male with an injury date on 10/27/2014. Based on the 10/03/2014 progress report provided by the treating physician, the diagnoses are: 1. Post laminectomy syndrome of cervical region 2. Degeneration of lumbar or lumbosacral intervertebral disc 3. Brachial neuritis or radiculitis 4. Degeneration of cervical intervertebral disc According to this report, the patient complains of neck pain with a pain at a 6-9/10. "With the medications he can sit, stand and walk longer." Cervical range of motion is decreased by 50%. Tender point is noted at the latissimus dorsi bilaterally and tenderness in the paraspinals. The treatment plan is to obtain Urine Drug Testing, refill medications (Oxycotin, Opana, Percocet, and Lidocaine Ointment), waiting for authorization for physical therapy, and 4 weeks for a follow-up visit. The patient's past treatment consist of Bone graph on left wrist, cervical laminectomy, removed tonsils, Steroid injection, lab, and epidurogram. The patient's work status is "retired." There were no other significant findings noted on this report. The utilization review denied the request for (1) Nexium 20 mg and (2) Lidoderm 5% patch on 10/29/2014 based on the California MTUS guidelines. The requesting physician provided treatment reports from 11/21/2013 to 10/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 10/03/2014 report, this patient presents with neck pain. Per this report, the current request is for Nexium 20 mg. The treating physician did not mention any GI complaints that this patient is struggling with and why the medication was prescribed. The MTUS Guidelines state with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the reports show no mentions of Nexium and it is unknown exactly when the patient initially started taking this medication. The patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.

Lidoderm 5% patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Creams Page(s): 111-113.

Decision rationale: According to the 10/03/2014 report, this patient presents with neck pain. Per this report, the current request is for Lidoderm 5% patch. The treating physician mentions that "the pain improves with medications by 30%." The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsions have failed. In this case, the patient has cervical neuropathic pain but is not localized. Lidoderm is not indicated for axial spinal pains. MTUS guidelines do not support the use of Lidoderm patches unless there is neuropathic pain that is peripheral and localized. Therefore, this current request is not medically necessary.