

Case Number:	CM14-0198205		
Date Assigned:	12/08/2014	Date of Injury:	06/07/2001
Decision Date:	01/29/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Practice 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:

Patient had a date of injury on 6/7/2001. Diagnosis includes: chronic lumbar spine pain. Treatment has consisted of medications, physical therapy, chiropractic, tarsal tunnel surgery right heel and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches, #30 with 2 refills: Upheld

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

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

Decision rationale: According to guidelines it states Lidoderm patch is recommended as an option. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. According to medical records there is no documentation other therapies have been tried thus is not medically necessary.

Naproxen 500mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: According to guidelines it states NSAIDS should be used for a short duration. The patient shows no improvement while being on NSAIDs. Acetaminophen is also recommended as first line therapy. Patient has been on NSAIDs for a prolonged period of time with no improvement and thus is not medically necessary.

Nexium 40mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to guidelines PPIs are to be used when NSAIDs are used for patients at increased risk of gastritis. Since NSAIDs are not medically necessary then PPI is not medically necessary.