

<b>Case Number:</b>	CM14-0200403		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/30/1990
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 66-year-old female with date of injury of 08/30/1990. The listed diagnoses from 10/29/2014 are: 1. Status post fusion from 07/22/2014 2. Lumbar spondylosis. 3. Right hip bursitis. 4. Status post DLIF from 07/24/2014. According to this report, the patient complains of low back posterior/lateral pain and numbness and tingling that has resolved. She had surgery 3 months ago. The patient does complain of right anterior thigh pain with numbness and tingling. The examination shows the patient has an antalgic gait. She presents with a brace on her back. There is right hip bursa tenderness. No other findings were noted on this report. The 10/01/2014 report showed the examination from the 10/29/2014 report. The documents include an L3-L4 DLIF procedure report from 07/24/2014, lumbar fusion from 07/22/2014, and treatment reports from 07/09/2014 to 11/19/2014. The utilization review denied the request on 11/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Lidoderm 5% Patch, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on Lidoderm

**Decision rationale:** This patient presents with low back posterior/lateral pain with numbness and tingling. The patient is status post lumbar fusion and DLIF from 07/22/2014 and 07/24/2014. The provider is requesting 1 prescription of Lidoderm 5% Patch, quantity 60. MTUS guidelines page 57 states, "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records show that the patient was prescribed Lidoderm patches on 07/21/2014. While the patient does present with radiating low back pain, Lidoderm patches are indicated for patients with peripheral neuropathic and localized pain. The request is not medically necessary.

**(1) Prescription of Nexium 40mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks. Page(s): 68 and 69.

**Decision rationale:** This patient presents with low back posterior/lateral pain with numbness and tingling. The provider is requesting 1 prescription of Nexium 40 mg, quantity 30. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." 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." The records show that the patient was prescribed Nexium on 07/21/2014. None of the reports from 07/09/2014 to 11/19/2014 discussed any gastrointestinal issues or events. In this case, the MTUS Guidelines do not recommend the routine use of PPIs without documentation of gastrointestinal issues or a GI risk assessment. The request is not medically necessary.