

Case Number:	CM14-0204193		
Date Assigned:	12/16/2014	Date of Injury:	10/08/2008
Decision Date:	02/05/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Arizona. 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:

This 55 year old male was injured 10/8/08. The mechanism of injury was not specified in the documentation provided. The injury resulted in ongoing right hand, shoulder and low back pain. There were no radiographs available for review. Physical therapy was recommended for the right hand and shoulder and as of 10/15/14 he is waiting for certification. Physical therapy notes from 7/7/14 demonstrated no progress due to increased pain, edema and decreased range of motion. He currently had a pain intensity of 7-8/10 with medications. He uses a cane for balance and ambulation. His medications include Norco, Xanax, Skelaxin, Neurontin, Prilosec, Mobic, Cymbalta, Ambien and topical Lidoderm Patch. On physical exam there was painful range of motion of the right elbow with decreased strength in the right upper extremity in comparison to the left. His diagnoses include thoracic sprain/strain; lumbosacral and thoracic disc injuries; bilateral S1 lumbosacral radiculopathy; right thumb internal derangement, right thumb triangular fibrocartilage complex tear with superficial distal ulnar, medial, extensor and carpal ulnaris disruption as well as status post-surgical repair of the right thumb; status post repair of the right thumb at the level A2 and A3 pulley; anxiety; depression and status post right knee surgery on 11/28/12. He has had laboratory evaluations to determine the current level of prescription medications and the results were consistent with prescribed medications. The injured worker continued with home exercises as tolerated and medications to control pain while waiting for certification of recommended modalities cited above. He continues with decreased range of motion and decreased functional capacity. He has been approved for functional restoration program. He remains temporarily totally disabled. On 11/7/14 Utilization Review non-certified the request for Lidoderm Patch 5% #1 box based on no supporting evidence of objective functional improvement with medications. In addition there is no documentation of failed trials of anticonvulsants and antidepressant therapy. The request for Mobic 7.5 mg # 60 was non-

certified based on no supporting evidence of objective functional improvement with medication use. The request for Prilosec 40 mg # 30 was non-certified based on non-approval of non-steroidal anti-inflammatory medication, therefore the request for Prilosec is not appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #1 box unspecified quantity per box: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics; lidocaine Page(s): 112.

Decision rationale: Per MTUS lidocaine is recommended as an option in the treatment of neuropathic pain after there has been evidence of trial of a first line therapy, tricyclic or SNRI antidepressant or an anti-epileptic drug such as gabapentin or Lyrica, the injured worker is currently on gabapentin which he uses in addition to the Lidoderm patches, he reports improved functioning and reduced pain and reports no side effects with his meds, there does not appear to be any reason to discontinue this medication in the injured worker therefore the request for Lidoderm 5% #1 box is medically necessary.

Mobic 7.5mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; meloxicam Page(s): 67-68 and 72.

Decision rationale: Per MTUS, NSAIDs are recommended for chronic pain, it should be used 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 and may be useful to treat break through and mixed pain conditions such as osteoarthritis and neuropathic pain, The injured worker has been maintained on meloxicam which he reports is helping his pain and improving his functional status he is currently in a functional restorative program and at this time there is no medical reason to discontinue his current regimen and therefore the request for Mobic 7.5mg #60 is medically necessary.

Prilosec 40mg #30: Overturned

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

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

Decision rationale: Per MTUS, Proton Pump Inhibitors are recommended if the patient is at risk for gastrointestinal events or to treat dyspepsia secondary to NSAID use. Per the MTUS, use of NSAID's and SSRIs is associated with moderate excess relative risk for serious upper GI events when compared to NSAID's alone. The injured worker is on Mobic as well as Cymbalta which puts him at increased risk for a serious GI event; therefore in this injured worker the request for Prilosec 40mg # 30 is medically necessary.