

Case Number:	CM14-0204627		
Date Assigned:	12/16/2014	Date of Injury:	07/16/2001
Decision Date:	02/11/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old female who had a work injury dated 7/16/01. The diagnoses include post laminectomy syndrome; status post implant morphine pump; cervical radiculitis; C6-7 herniated nucleus pulposus with impingement. Under consideration are requests for Prilosec 20mg Qty 60 and Lidoderm Patch 5% Qty 60. There is a document dated 9/5/14 that states that the patient complains of increasing low back pain lately. The patient is status post intrathecal pump with moderate relief. The patient complains of increasing low back pain lately. The patient states that sleep is improved through the night and states that her pain has gone from 8/10 to 4/10 with the pump. The patient is pleased with results but the pain is starting to increase. She complains of left cervical C7 distribution to the hand pain and difficulty grasping. He has increased pain. She has swelling of the bilateral lower extremities. The patient complains of cervical pain and bilateral hip pain with interference in ADLs. The patient is status post cervical epidural injection on 10/7/13 with 50% reduction in neck and 75% in the left arm. The patient complains of increased low back pain. On exam they are awake, alert and ambulate slowly with cane. MRI C6-7 2.3mm with nerve impingement. On exam there is decreased sensation at left arm to C6 hand. There is a positive Spurling and decreased left hand grip. There is decreased lordosis. The treatment plan included Prilosec, Lidoderm Patch, Neurontin, Norco, Zanaflex and a home exercise program. A 10/17/14 document indicates an identical history except that the patient has trouble sleeping due to pain and the patient has increasing low back and leg pain. The physical exam findings are identical to 9/5/14 except that the patient also has a positive bilateral straight leg raise. The treatment plan included continuing the same medications, lumbar CT, and cervical epidural injection at C6-7 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 69.

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

Decision rationale: Prilosec 20mg Qty 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore Prilosec 20mg Qty 60 is not medically necessary.

Lidoderm Patch 5% Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain -Lidoderm® (lidocaine patch).

Decision rationale: Lidoderm Patch 5% Qty 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The ODG states that a trial of patch treatment is recommended for a short-term period (no more than four weeks). Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. The documentation does not indicate a diagnosis of post herpetic neuralgia. The documentation indicates no significant functional improvement or improvements in pain on Lidoderm patches which the patient has been on for longer than the recommended trial period. The request for Lidoderm Patch 5% is not medically necessary.