

<b>Case Number:</b>	CM14-0204734		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/15/1998
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Practice and is licensed to practice in North Carolina. 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 claimant had a date of injury of 10/15/1998. Complaints include ongoing neck pain radiating to upper extremities and low back pain radiating to lower extremities. Diagnosis is lumbar radiculitis. Prior treatment includes lumbar fusion and epidural steroid injection. Current treatment includes Tylenol #3, Ibuprofen, Prilosec and Lidoderm patches. The requests are for Tylenol #3, #60, Motrin 800 mg #60, Prilosec 20 mg #30 and Lidoderm patches 5 % #2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol no. 3 #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Tylenol #3, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any

other medications used in pain treatment. The medical record documents objective decrease in pain on an analog scale and objective increase in function with use of medication which allows the claimant to maintain her ADLS, though she has not been able to return to work. A urine drug screen has been documented within the past 12 months and there are no high risk behaviors. Therefore, the record does support medical necessity of ongoing opioid therapy with Tylenol #3 #60.

**Motrin 800mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

**Decision rationale:** CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Ibuprofen 800 mg #60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible. There is no documentation of response to this dose or of any trials of lower doses of Ibuprofen. Ibuprofen 800 mg #60 is not medically necessary.

**Prilosec OTC 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, PPIs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

**Decision rationale:** CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and the Prilosec therefore is not medically necessary.

**Lidoderm patches 5% #2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 56-57.

**Decision rationale:** The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment,

such as tricyclic antidepressant, SNRI or AED has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment and therefore the use of Lidoderm is not medically necessary.