

Case Number:	CM14-0211065		
Date Assigned:	12/23/2014	Date of Injury:	07/21/2004
Decision Date:	02/17/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/16/2014

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 Internal Medicine, 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 injured worker (IW) is a 66-year-old woman with a date of injury of July 21, 2004. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical and upper extremity repetitive strain syndrome; and status post bilateral carpal tunnel and first dorsal compartment release. Pursuant to the most recent progress report in the medical record dated November 6, 2014, the IW complains of neck and shoulder pain. She states there has been no changes since last visit. Objectively, there is diffuse myofascial tenderness. There is no change in range of motion. Right upper extremity sensory is unchanged. There is tenderness to palpation in the neck and paraspinal muscles. The treating physician indicated injections and patches have helped. Current medications include Protonix 20mg, Lidoderm patches 5%, and Norco 10/325mg. The IW has been on the aforementioned medications since January 16, 2014, according to a progress note with the same date. There were no pain assessments in the medical record. There is no evidence of objective functional improvement associated with the ongoing use of Lidoderm patches, and Protonix. There were no subjective or objective complains or finding in relation to the Protonix. The current request is for N=Lidoderm patches 5% #30, and Protonix 20mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30 date of RX 11/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-79, 78, 82,86,89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch 5% #30 date of prescription November 6, 2014 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is recommended for localized pain consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy. The criteria for Lidoderm patches are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, evidence of localized pain consistent with a neuropathic etiology. In this case, the injured worker's working diagnoses are cervical and upper extremity repetitive strain syndrome and status post bilateral carpal tunnel and first dorsal compartment release (cases settled). The documentation states the injured worker's neck and shoulder continue to be painful. Objective findings are notable for diffuse myofascial tenderness, no change in range of motion, right upper extremity sensory changes unchanged and neck is tentative palpation. There are no neuropathic clinical findings documented in the medical record. Consequently, absent neuropathic documentation, Lidoderm patches are not clinically indicated. Based on the clinical information in the medical record and the injury to the sidelines, Lidoderm patch 5% #30 date of prescription November 6, 2014 was not medically necessary.

Protonix 20mg #45 date of RX 11/6/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitor (PPI)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20 mg #45 date of prescription November 6, 2014 is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history peptic ulcer and G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are cervical and upper extremity repetitive strain syndrome and status post bilateral carpal tunnel and first dorsal compartment release (cases settled). The documentation does not contain comorbid conditions or past medical history compatible with risk factors for peptic ulcer disease, G.I.

bleeding, concurrent aspirin use, etc. Consequently, absent risk factors for gastrointestinal events, Protonix 20 mg #45 date of prescription November 6, 2014 is not medically necessary.