

Case Number:	CM15-0000359		
Date Assigned:	01/09/2015	Date of Injury:	01/30/2012
Decision Date:	03/12/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 is a 42 year old male, who sustained an industrial injury on 01/30/2012. He has reported pain in the left lower leg, upper back area, lower back and the soft tissue of the neck. The diagnoses have included chronic pain. Treatment to date has included physical therapy, chiropractic care and massage therapy with good relief of pain allowing him to work. According to visit notes of 12/15/2014, the IW currently complains of neck and bilateral upper extremity pain and diffuse low back pain. He is being treated by a pain medicine consultant physician. The IW has had gastritis due to pain medications. In a CT scan he was noted to have vertebral compression fractures at T10, T11, and T12. He has diffuse dull pain rated a 4/10 across the neck with no radicular symptoms. The IW does note a "tired sensation" of the left side. On examination of the spine, there is full flexion, extension and lateral bending. The paravertebral muscles are normal. There was no midline shift and the paraspinal muscles had no tenderness, increased tone or appreciable trigger point. There was a negative Fabre test. The gait was normal and there was a negative Waddell's sign. On the thoracic spine, spinous process tenderness was noted on T10 and T11. The cervical spine had no lordosis, asymmetry or abnormal curvature was noted on inspection. Paravertebral muscles were normal and facet loading was positive at C6. Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. On 12/31/2014 Utilization Review non-certified Omeprazole 20mg quantity 180 California Medical Treatment Utilization Schedule (CA MTUS) Chronic pain p68 NSAIDs, GI symptoms & cardiovascular risk was cited. Lidoderm 5% patches, quantity 90 was non-certified noting that CA MTUS Chronic Pain, Topical Analgesics pages

111-113 was cited. One bilateral transforaminal epidural steroid injection at T11 was non-certified citing CA MTUS Chronic Pain as reference. Requested in the same request for authorization and certified were One follow up office visit and One bilateral medial branch block at C6. On 01/02/2015, the injured worker submitted an application for IMR for review of the non-certification of Omeprazole 20 mg, Lidoderm patch 5%, and Injection of anesthetic agent and/or steroid in transforaminal epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Pain Chapter Proton Pump Inhibitors

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prophylaxis and treatment of NSAID induced gastritis in high risk patients with a history of gastric disease and the elderly. The chronic use of NSAIDs can be associated with cardiac, renal and gastrointestinal complications. The records indicate that the patient had a history of symptomatic NSAIDs induced gastritis. There is documentation of symptomatic relief with utilization of Omeprazole. The criteria for the use of Omeprazole 20mg #180 was met.

Lidoderm 5% patches, quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): (s) 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57,112. Decision based on Non-MTUS Citation Pain Chapter Topical Analgesic products

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications are contraindicated or have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The patient was diagnosed with musculoskeletal pain located in the cervical, thoracic and lumbar spine. There is no documentation of failure of first line medications. The criteria for the use of Lidoderm 5% patches #90 was not met.

One bilateral transforaminal epidural steroid injection at T11: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of thoracic spine pain when conservative treatments with medications and PT have failed. The records indicate that the patient had chronic thoracic spine pain secondary to multiple thoracic vertebrae fractures. The spine pain did not resolve with conservative treatments with medications and PT. There are radiological findings consistent with vertebral fractures at the T10-T11 level. The criteria for the bilateral T11 transforaminal epidural steroid injections were met.