

Case Number:	CM15-0003187		
Date Assigned:	01/14/2015	Date of Injury:	07/13/2004
Decision Date:	04/06/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on July 13, 2004. The diagnoses have included cervical disc displacement and myalgia and myositis. Treatment to date has included pain medications. Currently, the injured worker complains of total body pain, chronic fatigue, problem sleeping, morning gel phenomenon-30 minutes, no new joint swelling, and complaints of low back pain and feet and ankle pain more on the right. In a progress note dated November 21, 2014, the treating provider reports trigger point tenderness. On December 12, 2014 Utilization Review non-certified a Tylenol ES 1 tab twice a day quantity 60 with 2 refills, Prilosec 20mg 1 tab daily quantity 30 with 2 refills and Lidoderm patches every 12 hours as needed quantity 30 with 2 refills, Medical Treatment Utilization Schedule Guidelines noting, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol ES #60 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11.

Decision rationale: In this case, the claimant had no physical findings of arthritis. The claimant had been on multiple analgesics including Tramadol, Gabapentin, and Flurbiprofen. She had been on Tylenol ES since July 2014. According to the guidelines, Tylenol is recommended for acute exacerbations of chronic pain. Tylenol is preferred for chronic pain over other analgesics. It is appropriate and medically necessary.

Prilosec 20mg #30 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and PPI Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.

Lidoderm patches #30 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued and long-term use (additional 2 month refills of Lidoderm patches) is not medically necessary.