

Case Number:	CM15-0004234		
Date Assigned:	01/15/2015	Date of Injury:	08/28/2004
Decision Date:	03/12/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/08/2015

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, 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:

This is a 41 year old male patient, who sustained an industrial injury on 08/28/2004. He sustained the injury due to fell approximately 10 feet while pruning tree. The diagnoses have included post lumbar laminectomy syndrome, lumbar facet syndrome, lumbar radiculopathy, and lumbar degenerative disk disease. Per the progress note dated 12/03/2014, she had complaints of lower backache. The treating physician reported gastrointestinal upset with use of his current medication regimen despite use of Aciphex and stated he takes medication sparingly due to gastrointestinal distress. The physical examination revealed lumbar tenderness and restricted range of motion. The medications list includes percocet, lyrica, lidoderm patch, voltaren gel, docusate sodium and aciphex. Treatments to date have included prior lumbar surgeries, lumbar radiofrequency neurotomy ablation on 04/25/2014 with significant improvement in low back pain, and no radiating leg pain at this time, epidural steroid injection, and medications. He has had MRI of lumbar spine on 11/15/2011 which showed status post anterior and posterior fusion at L5-S1; CT lumbar spine on 3/13/2014. He has history of inconsistent urine drug screens on 05/04/2011 and 04/11/2012. Utilization Review determination on 12/17/2014 non-certified the request for Lidoderm 5% patch Quantity: 30.00 and Aciphex 20mg Quantity: 30.00 and modified the request for GI (Gastrointestinal) Referral for Evaluation and Treatment to GI Referral for Evaluation citing Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113Lidoderm (lidocaine patch) page 56-57.

Decision rationale: Request: Lidoderm 5% patch. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is taking Lyrica. Failure of Lyrica for these symptoms is not specified in the records provided. Intolerance to oral medications for pain is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm 5% patch is not fully established for this patient.

Aciphex 20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Request: Aciphex 20 mg. Aciphex contains rabeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events...Patients at high risk for gastrointestinal events...Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(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)." Per the doctor's note dated 12/3/2014, patient is having gastrointestinal upset with use of his current medication regimen despite use of Aciphex. The patient had no significant relief with Aciphex. In addition, response to other PPIs including generic PPIs, is not specified in the records provided. The patient has been referred to a gastroenterologist. This evaluation is still

pending. The recommendations of the gastroenterologist are not yet known. The medical necessity of Aciphex 20mg is not fully established for this patient.

Gastrointestinal referral for evaluation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Request: Gastrointestinal referral for evaluation and treatment. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient had chronic low back pain. He is having gastrointestinal upset with use of his current medication regimen despite use of Aciphex and he takes medication sparingly due to gastrointestinal distress. The request of the gastrointestinal referral for evaluation and treatment is medically appropriate and necessary for this patient to evaluate and manage his gastric symptoms.