

Case Number:	CM15-0132937		
Date Assigned:	07/21/2015	Date of Injury:	05/26/2006
Decision Date:	08/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old female who sustained an industrial injury on 05/26/2006. Results and mechanism of the injury were not discussed. Treatment provided to date has included: Toradol injection, medications (discontinued Norco and Celebrex), and conservative therapies/care. Diagnostic testing was not available for review and not discussed. There were no noted comorbidities or other dates of injury noted. On 05/28/2015, physician progress report noted complaints of neck pain, right knee pain and right arm pain. The pain was rated 7/10 in severity. Current medications include naproxen, omeprazole, cyclobenzaprine, Lyrica, and Lidoderm patches. The physical exam revealed tenderness to palpation of the cervical spine and right lateral elbow, and decreased range of motion in the cervical spine and right elbow. The provider noted diagnoses of cervical strain or sprain, cervical radiculitis, carpal tunnel syndrome, pain in wrist joint, rotator cuff syndrome, abnormal posture, major depression, and myofascial pain. Plan of care includes refills on current medications (Lyrica, naproxen, Lidoderm patches, cyclobenzaprine and omeprazole), Lidopro cream for the neck, continued home exercises, and follow-up in one month. The injured worker's work status was not specified on this report. The request for authorization and IMR (independent medical review) includes: naproxen 550mg one by mouth twice daily, omeprazole 20mg 2 by mouth in the mornings, and Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: Overturned

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 (non-steroidal anti-inflammatory drugs) Page(s): 66-73.

Decision rationale: MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The MTUS recommends NSAIDs as the first line of treatment to reduce pain so that activity and functional restoration can resume or improve, but is not recommended as a long-term treatment option. Naproxen is recommended in doses of 250-500mg twice daily. Upon review of the medical documentation submitted, it is noted that the injured worker has been taking naproxen for several months with mild symptomatic relief and ability to maintain ADL's. As such, it is determined that naproxen 550mg twice daily #60 is medically necessary.

Omeprazole: Overturned

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(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter; Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies gastrointestinal (GI) risk factors to include: (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. The ODG states "the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time". Risk involved with long-term use of these medications include vitamin B12 deficiency; iron deficiency; hypomagnesemia; increased vulnerability to pneumonia, enteric infections and fractures; hypergastrinemia and cancer; and adverse cardiovascular effects. After reviewing the clinical documentation submitted for review, it has been determined that the injured worker has complained of gastric upset with the use of NSAID;s and uses omeprazole along with naproxen with improvement in her GI symptoms, it would appear that the continued use of omeprazole is medically appropriate, therefore the request for omeprazole 20mg # 60 is medically necessary.

Lidopro cream: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: According to the MTUS guidelines: Topical Analgesic are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS goes on to specify that "topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." In this case, the injured worker has already been prescribed and is using the Lidoderm patch. Moreover, topical Lidocaine is not recommended in creams, lotions or gels. Therefore, topical Lidopro cream is not medically necessary.