

Case Number:	CM15-0137171		
Date Assigned:	07/27/2015	Date of Injury:	04/24/2007
Decision Date:	10/13/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/15/2015

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: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 41 year old female, who sustained an industrial injury on April 24, 2007. The injury occurred in the course of her usual work duties. The injured worker has been treated for neck and low back complaints. The diagnoses have included cervical radiculitis, lumbar radiculitis, lumbar radiculopathy, lumbar post-laminectomy syndrome, anxiety and depression. The injured worker also had a history of H Pylori, chronic nausea and vomiting and multiple medication adverse drug reactions. Treatment and evaluation to date has included medications, radiological studies, MRI, lumbar epidural steroid injections, upper gastrointestinal endoscopy, abdominal ultrasound, Toradol-B12 injection and a lumbar spine laminectomy. The injured worker was not working. Current documentation dated June 5, 2015 notes that the injured worker reported neck pain which radiated down the bilateral upper extremities and low back pain which radiated down the bilateral lower extremities. The injured worker also noted abdominal pain and frequent gastrointestinal upset. The average pain level was noted to be a nine out of ten on the visual analogue scale without medication since the last visit. The injured worker reported ongoing daily living limitations due to pain, including self-care, activity, ambulation and sleep. Medications included Omeprazole and Lidoderm Patches. The documentation notes that the Lidoderm patches were helpful for the pain and limiting gastrointestinal upset. Examination of the lumbar spine revealed tenderness to palpation and a moderately limited range of motion due to pain. A seated straight leg raise test was positive bilaterally. Examination of the cervical spine revealed tenderness to palpation and spasms bilaterally. Range of motion was painful with flexion and extension. Motor examination showed decreased strength bilaterally. The treating physician's plan of care included requests for Omeprazole DR 20 mg # 30, Lidoderm Patches # 30 and a psychological evaluation for anxiety, cognitive behavior therapy, depression and psychiatric

medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych eval for anxiety, cognitive behavioral therapy, depression and psychiatric med management: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co-morbidities." Upon review of the submitted documentation it is suggested that the injured worker suffers from cervical radiculitis, lumbar radiculitis, lumbar radiculopathy, lumbar post-laminectomy syndrome, anxiety and depression. There is no detailed information regarding the psychological symptoms being experienced by the injured worker that would necessitate the clinical need for a specialist referral, therefore is not medically necessary.

Lidoderm 5% patch 12 hours on/off #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). 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. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, Lidoderm is not recommended at this time. The request is not medically necessary.

Omeprazole DR 20mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" As there is no documentation of peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low, as such, medical necessity cannot be affirmed.