

<b>Case Number:</b>	CM15-0137982		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 46 year old male, who sustained an industrial injury on 10/12/2011. The current diagnoses are pain in shoulder joint, pain in right trapezium/metacarpal joint, sprain/strain of the neck, medial epicondylitis, and status post right carpal tunnel release and right thumb carpometacarpal ligament reconstruction with tendon transfer. According to the progress report dated 4/13/2015, the injured worker complains of neck pain with radiation into his bilateral cervicobrachial regions. He also has pain in his right shoulder, which is made worse with extended use of his right upper extremity. The level of pain is not rated. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles bilaterally, pain with axial loading of the facet joints bilaterally, left greater than right, spinous process tenderness from C3-C7, and painful range of motion. The current medications are Lidoderm patches, Ibuprofen, Tramadol, Hydrocodone, and Omeprazole. It is unclear when the requested Omeprazole and Tramadol were originally prescribed. Lidoderm patch was initiated on 3/12/2015. Treatment to date has included medication management, MRI studies, electrodiagnostic testing, cervical epidural, and surgical intervention. Work status: He is restricted from lifting more than 40 pounds. He is precluded from any rigorous grasping with the right hand and performing at or above head work with the bilateral shoulders. A request for Omeprazole, Tramadol, and Lidoderm patch has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68-69.

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is indication that the patient has complaints of dyspepsia and heart burn secondary to NSAID use. As such, the currently requested omeprazole (Prilosec) is medically necessary.

**Tramadol/APAP 37.5/325mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**Decision rationale:** Regarding the request for Ultracet (tramadol/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet (tramadol/acetaminophen), is not medically necessary.

**Lidoderm 5% patch, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. As such, the currently requested Lidoderm is not medically necessary.