

Case Number:	CM15-0160892		
Date Assigned:	08/27/2015	Date of Injury:	05/04/2010
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

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 44 year old female, who sustained an industrial injury on 5-4-2010. She reported low back pain and left leg pain. Diagnoses have included lumbar failed back syndrome, left lower extremity radicular pain, chronic left ankle sprain and chronic cervical sprain. Treatment to date has included spinal fusion, acupuncture and medication. According to the progress report dated 7-15-2015, the injured worker complained of low back and leg pain. He complained of increasing spasms, especially at night. Physical exam revealed positive straight leg raise on the left. There was pain to palpation of the lumbar facet at the L3-S1 region and over the lumbar intervertebral spaces. There was pain noted with lumbar extension. Authorization was requested for Omeprazole, Ibuprofen and Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms & cardiovascular risk, p68-71 Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in May 2010 and continues to be treated for low back and left leg pain. The claimant has a history of chronic gastritis and gastroesophageal reflux disease. When seen, pain was rated at 5-7/10. Physical examination findings included ambulating with a walker with a slow and antalgic gait. There was decreased cervical and lumbar spine range of motion with paraspinal tenderness. Kemp's testing was positive. There was decreased left shoulder range of motion with tenderness. There was decreased upper and lower extremity strength and sensation. There was decreased ankle range of motion with slight tenderness. Medications were prescribed. Prior medications had included Duexis. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant is being prescribed ibuprofen at the recommended dose and has a history of gastritis and gastroesophageal reflux disease. The request for omeprazole was medically necessary.

Ibuprofen 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in May 2010 and continues to be treated for low back and left leg pain. The claimant has a history of chronic gastritis and gastroesophageal reflux disease. When seen, pain was rated at 5-7/10. Physical examination findings included ambulating with a walker with a slow and antalgic gait. There was decreased cervical and lumbar spine range of motion with paraspinal tenderness. Kemp's testing was positive. There was decreased left shoulder range of motion with tenderness. There was decreased upper and lower extremity strength and sensation. There was decreased ankle range of motion with slight tenderness. Medications were prescribed. Prior medications had included Duexis. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and medically necessary.

Lidocaine patch 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (Lidocaine patch), p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work injury in May 2010 and continues to be treated for low back and left leg pain. The claimant has a history of chronic gastritis and gastroesophageal reflux disease. When seen, pain was rated at 5-7/10. Physical examination findings included ambulating with a walker with a slow and antalgic gait. There was decreased cervical and lumbar spine range of motion with paraspinal tenderness. Kemp's testing was positive. There was decreased left shoulder range of motion with tenderness. There was decreased upper and lower extremity strength and sensation. There was decreased ankle range of motion with slight tenderness. Medications were prescribed. Topical Lidocaine in a

formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm was not medically necessary.