

<b>Case Number:</b>	CM15-0166827		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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

### 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 52-year-old female who sustained an industrial injury on 7-2-14. The pain management report, dated 3-10-15, indicates that the injured worker, originally, sustained an industrial injury on 1-31-13, as the result of slipping on a wet floor, causing her legs to go down as a "split". The report states that she "did not actually hit the floor". However, her complaints were of neck and back pain with radicular symptoms to her right upper and right lower extremity following the incident. She received conservative treatment with therapy. She reported that her symptoms have improved, but that she "remained symptomatic following the incident". In 2013, she underwent a detox hospitalization for an Ativan addiction. In December 2013, she was involved in a motor vehicle accident, in which her car "flipped over". Her neck and back symptoms were aggravated by the accident. She returned to work in January 2014, but by July 2014, she "did not feel that she could continue any longer". Her primary care provider treated her during her claim dispute. The treatment was comprised of physical therapy and acupuncture. In January 2015, she was referred to an orthopedic surgeon. An MRI of the cervical, thoracic, and lumbar spines were requested and authorized. As of the date of the pain management report, 3-10-15, only the cervical MRI had been completed. She was receiving Motrin and Lidoderm patches, which was noted to reduce her pain by approximately 50%. The primary treating physician's progress report, dated 4-6-15, indicates that following review of all MRIs, the recommendation was for epidural injections of the cervical and lumbar spine. However, the injured worker reported that she had an adverse effect from one in the past. Physical therapy was recommended. Her diagnoses included chronic cervicgia, rule out right

cervical radiculitis, cervical degenerative disc disease, chronic back pain, right sciatica, and lumbar degenerative disc disease. The treatment plan was to continue current medications and await authorization for physical therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidoderm 5% external patch #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter under Lidoderm (Lidocaine patch).

**Decision rationale:** The patient presents with pain in the low back, neck, right elbow, right knee, right ankle, and right foot. The request is for LIDODERM 5% EXTERNAL PATCH. Physical examination to the cervical spine on 03/10/15 revealed tenderness to palpation at the lower cervical spine and bilateral paraspinals, right worse than left. Per 04/06/15 progress report, patient's diagnosis includes chronic cervicgia, rule out right cervical radiculitis, cervical degenerative disc disease, chronic back pain, right sciatica, and lumbar degenerative disc disease. Patient's medications, per 04/06/15 progress report include Motrin, Zantac, and Lidoderm Patch. Patient's work status is modified duties. MTUS Guidelines pages 56 and 57, Lidoderm (Lidocaine patch) section states, "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)." MTUS Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The treater does not discuss this request. Review of the medical records provided indicates that the patient has been utilizing Lidoderm Patches on her neck and back since at least 03/10/15. However, the treater has not discussed how this medication specifically helps in pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, the guidelines do not recommend this medication for axial spinal pain. The request does not meet guideline recommendations and therefore, IS NOT medically necessary.

#### **Zantac 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/zantac-ranitidine-342003> #0.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The patient presents with pain in the low back, neck, right elbow, right knee, right ankle, and right foot. The request is for ZANTAC 150MG #60. Physical examination to the cervical spine on 03/10/15 revealed tenderness to palpation at the lower cervical spine and bilateral paraspinals, right worse than left. Per 04/06/15 progress report, patient's diagnosis includes chronic cervicgia, rule out right cervical radiculitis, cervical degenerative disc disease, chronic back pain, right sciatica, and lumbar degenerative disc disease. Patient's medications, per 04/06/15 progress report include Motrin, Zantac, and Lidoderm Patch. Patient's work status is modified duties. MTUS guidelines page 70 under NSAIDs, specific drug list & adverse effects recommends prophylactic use of PPI is when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The MTUS Guidelines page 69 state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. About the continuation of Zantac, an appropriate GI assessment or description of dyspepsia secondary to medication use has not been provided. This patient has been prescribed Zantac since at least 03/11/15, though efficacy is not addressed in the subsequent reports. Review of the medical records indicates that the patient has utilized NSAIDS (Motrin).However, there is no history of ulcers. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the request Zantac 150mg IS NOT medically necessary.