

Case Number:	CM15-0168080		
Date Assigned:	09/08/2015	Date of Injury:	09/26/2004
Decision Date:	10/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/26/2015

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 50 year old female, who sustained an industrial injury on 9-26-2004. The current diagnoses are cervical sprain-strain, cervical radiculitis, thoracic sprain-strain, and shoulder joint pain. According to the progress report dated 8-6-2015, the injured worker complains of flare of left-sided neck pain with radiation into left shoulder and mid back. She notes numbness and tingling in the left hand. She rates her pain 9 out of 10 on a subjective pain scale. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles on the left. Examination of the left shoulder reveals tenderness to palpation with limited range of motion with external rotation. The current medications are Gabapentin, Lidopro, Omeprazole, and Venlafaxine. There is documentation of ongoing treatment with Omeprazole and Lidopro since at least 3-9-2015. Treatment to date has included medication management, x-ray, home exercise program, chiropractic, acupuncture, TENS unit, and Toradol injection (8-6-2015). Work status is described as modified duties. The original utilization review (8-14-2015) partially approved a request for Omeprazole #30 (original request was for #60). A request for Lidopro cream and TENS patch #2 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Omeprazole 20mg #60: Overturned

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, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 08/06/15 progress report provided by treating physician, the patient presents with flare of left-sided neck pain with radiation into left shoulder and mid back, and numbness and tingling in the left hand, rated 9/10. The request is for pharmacy purchase of Omeprazole 20MG #60. Patient's diagnosis per Request for Authorization form dated 05/14/15 and 08/06/15 includes neck cervical sprain/strain, cervical radiculitis, shoulder joint pain, and thoracic sprain/strain. Physical examination of the cervical spine revealed tenderness to palpation over the paraspinal muscles on the left. Examination of the left shoulder revealed tenderness to palpation with limited range of motion with external rotation. Treatment to date has included x-ray, home exercise program, chiropractic, acupuncture, TENS, and medications. Patient's medications include Gabapentin, Lidopro, Lido patches, Omeprazole, and Venlafaxine. The patient may return to modified work, per 08/06/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." MTUS pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." Omeprazole has been included in patient's medications, per progress reports dated 02/21/15, 05/14/15, and 08/06/15. It is not known when this medication was initiated. Per 03/09/15 report, treater states the patient has gastric ulcers. Per progress report dated 07/09/15, the patient has GERD and follows up with a GI specialist. In this case, given documentation of patient's gastric ulcers and GERD, the request appears to be in reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Pharmacy purchase of Lidopro cream 121gm: 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: Based on the 08/06/15 progress report provided by treating physician, the patient presents with flare of left-sided neck pain with radiation into left shoulder and mid back, and numbness and tingling in the left hand, rated 9/10. The request is for pharmacy purchase of

Lidopro cream 121GM. Patient's diagnosis per Request for Authorization form dated 05/14/15 and 08/06/15 includes neck cervical sprain/strain, cervical radiculitis, shoulder joint pain, and thoracic sprain/strain. Physical examination of the cervical spine revealed tenderness to palpation over the paraspinal muscles on the left. Examination of the left shoulder revealed tenderness to palpation with limited range of motion with external rotation. Treatment to date has included x-ray, home exercise program, chiropractic, acupuncture, TENS, and medications. Patient's medications include Gabapentin, Lidopro, Lido patches, Omeprazole, and Venlafaxine. The patient may return to modified work, per 08/06/15 report. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: 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 patient has been prescribed Lidopro cream and Lidopro patches at least since 02/21/15. In this case, treater has not provided reason for the request, nor discussed where this topical is applied and with what efficacy. Nonetheless, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Pharmacy purchase of TENS patch #2: 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): Transcutaneous electrotherapy.

Decision rationale: Based on the 08/06/15 progress report provided by treating physician, the patient presents with flare of left-sided neck pain with radiation into left shoulder and mid back, and numbness and tingling in the left hand, rated 9/10. The request is for pharmacy purchase of TENS patch #2. Patient's diagnosis per Request for Authorization form dated 05/14/15 and 08/06/15 includes neck cervical sprain/strain, cervical radiculitis, shoulder joint pain, and thoracic sprain/strain. Physical examination of the cervical spine revealed tenderness to palpation over the paraspinal muscles on the left. Examination of the left shoulder revealed tenderness to palpation with limited range of motion with external rotation. Treatment to date has included x-ray, home exercise program, chiropractic, acupuncture, TENS, and medications. Patient's medications include Gabapentin, Lidopro, Lido patches, Omeprazole, and Venlafaxine. The patient may return to modified work, per 08/06/15 report. MTUS guidelines, on page 116, Criteria For The Use Of TENS section require (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. In this case, the patient continues with neck pain with radiating symptoms to the left upper extremity. The patient has been utilizing a TENS unit at

least since progress report dated 02/21/15. However, there is no discussion as to how the TENS unit is utilized, for how long and with what efficacy. There are no discussions on pain reduction or functional improvement due to the use of TENS. Given lack of documentation with regards to impact of this treatment modality on pain, this request for TENS patch cannot be substantiated. Therefore, the request is not medically necessary.