

Case Number:	CM15-0186095		
Date Assigned:	09/28/2015	Date of Injury:	03/26/2002
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 49-year-old who has filed a claim for chronic shoulder, elbow, and wrist pain reportedly associated with an industrial injury of March 26, 2002. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve requests for Lidoderm patches, Nexium, and tramadol. An RFA form dated August 20, 2015 and an associated progress note dated August 12, 2015 were referenced in the determination. On July 1, 2015, the applicant reported 8/10 neck, shoulder, and elbow pain without medications versus 6/10 with medications. The attending provider stated that the applicant developed issues with severe gastritis and needed a GI consultation. The applicant's medications included Nexium, tramadol, Lidoderm patches, and a topical Emla cream. The attending provider contended that previously prescribed Prilosec had proven ineffectual and that Nexium had effectively attenuated the applicant's issues with reflux. The attending provider stated that the applicant had gained 70 pounds since the date of injury owing to lack of activity. The applicant was placed off of work, on total temporary disability. The applicant was also placed off of work, on total temporary disability, via an earlier note dated June 1, 2015. The applicant's medications included Nexium, tramadol, Lidoderm patches, Valium, and Emla cream, it was reported on that date. Severe pain complaints in 8/10 range were noted. The attending provider contended that the applicant's ability to sleep and do chores in unspecified amounts had been ameliorated as a result of ongoing medication consumption but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Patch 700 mg/Patch Refill 2 # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: No, the request for lidocaine patches were not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapeutic antidepressants and/or anticonvulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and/or page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, despite ongoing Lidoderm patches. Ongoing Lidoderm patches had failed to curtail the applicant's dependence on opioid agents such as tramadol, it was acknowledged. Pain complaints as high as 6-8/10 were reported despite ongoing usage of Lidoderm patches. The attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Lidoderm patch usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Nexium 200 mg Refill 2 # 30: 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: Conversely, the request for Nexium, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Nexium are indicated to combat issues with NSAID-induced dyspepsia, as were reportedly present here, the treating provider stated on July 1, 2015. The treating provider contended that ongoing usage of Nexium had effectively attenuated the applicant's issues with reflux. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Tramadol 50 mg Refill 1 # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Finally, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, despite ongoing tramadol usage, it was reported on office visits of June 1, 2015 and July 1, 2015. The applicant was placed off of work, on total temporary disability, on both dates. While the treating provider did recount a low grade reduction in pain scores reportedly achieved as a result of ongoing tramadol usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing tramadol usage. The treating provider's commentary to the fact that the applicant's ability to sleep, perform household chores in unspecified amounts as a result of ongoing medication consumption did not constitute evidence of a substantive benefit effected as a result of the same and was outweighed by the applicant's failure to return to work. Therefore, the request was not medically necessary.