

Case Number:	CM15-0190016		
Date Assigned:	10/02/2015	Date of Injury:	01/31/2009
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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 58 year old female who sustained an industrial injury 01-31-09. A review of the medical records reveals the injured worker is undergoing treatment for right trochanteric bursitis, right iliotibial band syndrome, right knee degenerative joint disease, right shoulder acromioclavicular joint arthropathy, cervical and lumbar myofascial strain, cervical and lumbar radiculitis, and lumbago. Medical records (07-30-15) reveal the injured worker complains of right hip, shoulder, and knee pain as well as neck and back pain. She states her pain is "100% worse than 2009." She reports the neck and back pain as 8/10. The injured worker also reported a 100% increase in pain on 06-30-15, while rating neck and back pain as 8-9/10. The injured worker reported on 05-12-15 that again her pain had increased by 100% since her last visit, rating her pain at 8/10. The physical exam (07-30-15) reveals an antalgic gait with the use of a 4 wheeled walker. Tenderness to palpation is noted in the right acromioclavicular joint, right trochanteric bursae, and right medial knee joint line. Hypertonicity is noted in the right trapezius, and the right L2-S1 paraspinals. Prior treatment includes medications. The original utilization review (08-31-15) noncertified the request for Lidoderm patches 5% #30, Norco 5/325 #60 and Nexium 20mg #30. The documentation supports that the injured worker has been on Norco since at least 01-27-15 and Nexium since at least 05-12-15. There is not documentation of gastrointestinal upset, or a reason for switching from Omeprazole to Nexium. The treating provider (05-12-15) states "She was given a sample of Nexium by Dr (name deleted) and she wishes to receive this medication from this clinic. The patient reports her medications reduce her pain by 55% and allow her to relax more and sleep better. She denies side effects to the medications."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for use of Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in January 2009 when she fell while walking on uneven ground while working as a correctional officer. The claimant has a history of gastric bypass surgery. When seen, she had pain rated at 8/10. The combination of medications being prescribed is referenced as reducing her pain and symptoms a lot and allowing her to sleep for up to four hours. She was not having medication side effects. Physical examination findings included decreased upper and lower extremity strength. There was right trapezius and right lumbar paraspinal muscle hypertonicity. There was tenderness throughout the spine with right acromioclavicular joint, trochanteric bursa, and right medial knee joint line tenderness. There was an antalgic gait with use of a rolling walker. Medications were prescribed and included Lidoderm, Celebrex, Norco, and Nexium. The assessment references Aleve and Motrin as having previously been well-tolerated. 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 post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.

Norco 5/325mg quantity 60: 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): Opioids, long-term assessment, Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in January 2009 when she fell while walking on uneven ground while working as a correctional officer. The claimant has a history of gastric bypass surgery. When seen, she had pain rated at 8/10. The combination of medications being prescribed is referenced as reducing her pain and symptoms a lot and allowing her to sleep for up to four hours. She was not having medication side effects. Physical examination findings included decreased upper and lower extremity strength. There was right trapezius and right lumbar paraspinal muscle hypertonicity. There was tenderness throughout the spine with right acromioclavicular joint, trochanteric bursa, and right medial knee joint line tenderness. There was an antalgic gait with use of a rolling walker. Medications were prescribed and included Lidoderm, Celebrex, Norco, and Nexium. The assessment references Aleve and Motrin as having previously been well-tolerated. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no

identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this particular medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Nexium 20mg quantity 30: 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): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in January 2009 when she fell while walking on uneven ground while working as a correctional officer. The claimant has a history of gastric bypass surgery. When seen, she had pain rated at 8/10. The combination of medications being prescribed is referenced as reducing her pain and symptoms a lot and allowing her to sleep for up to four hours. She was not having medication side effects. Physical examination findings included decreased upper and lower extremity strength. There was right trapezius and right lumbar paraspinal muscle hypertonicity. There was tenderness throughout the spine with right acromioclavicular joint, trochanteric bursa, and right medial knee joint line tenderness. There was an antalgic gait with use of a rolling walker. Medications were prescribed and included Lidoderm, Celebrex, Norco, and Nexium. The assessment references Aleve and Motrin as having previously been well-tolerated. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, there is a history of gastric bypass surgery and guidelines recommend consideration of prescribing a selective COX-2 medication such as Celebrex (celecoxib). However, Aleve and Motrin has previously been well-tolerated. Prescribing a proton pump inhibitor in addition to a selective medication would be considered if there was a high risk for a gastrointestinal event. In this case, there is no history of peptic ulcer, gastrointestinal, bleeding or perforation or use of high dose NSAID medication. Nexium (esomeprazole) is not a first-line agent. Prescribing is not considered medically necessary.