MAXIMUS Federal Services

Case Number:	CM15-0198304		
Date Assigned:	10/22/2015	Date of Injury:	05/23/2009
Decision Date:	12/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/08/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 7-17-2009. Medical records indicate the worker is undergoing treatment for myofascial pain syndrome, lumbar strain and right medial and lateral epicondylitis. A recent progress report dated 9-16-2015, reported the injured worker complained of increased back pain with improvement from back brace, right elbow pain and right leg numbness and tingling. Physical examination revealed positive lumbar straight leg raise test, lumbar spasm and right medial and lateral epicondyle tenderness. Treatment to date has included acupuncture, back brace and medication management. There is no mention of gastrointestinal issues. On 9-16-2015, the Request for Authorization requested Omeprazole 20mg #100, Neurontin 600mg #100 and Lidopro 4% ointment-121 grams. On 10-7-2015, the Utilization Review noncertified the request for Omeprazole 20mg#100, Neurontin 600mg #100 and Lidopro 4% ointment-121 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request is for Omeprazole, a proton pump inhibitor (PPI) that is used to treat GI conditions such as GERD and peptic ulcer disease. It may also be used prophylactically on patients taking NSAIDs who have risk factors for GI events. In this case, there is no mention of GI symptoms in the medical records submitted. Although the patient is taking the NSAID Voltaren, the patient has no risk factors for GI events (age over 65, history of PUD, GI hemorrhage or perforation, concomitant use of ASA, corticosteroids, or anticoagulants, and high dose multiple NSAID use). Therefore criteria for use of Omeprazole have not been met and it is not medically necessary or appropriate.

Neurontin 600mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: MTUS Guidelines state that anti-epileptic drugs such as Neurontin are first-line agents in the management of neuropathic pain. In this case, however, there is no documentation submitted of quantifiable pain reduction and functional improvement secondary to the use of Neurontin. This documentation is required by guidelines to justify the continued use of the medication. Therefore the continued use of Neurontin is not medically necessary or appropriate.

LidoPro 4% ointment 121gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety and efficacy. There is little to no research supporting the use of many of these agents. Further, for compounded products, such as this, if at least one drug (or drug class) is not recommended, the product is not recommended. This product contains Lidocaine, which is only recommended in the form of a lidoderm patch. There is no efficacy of the methyl salicylate component. Further, the records do not demonstrate failure of an oral product or trial and failure of a first-line agent, such as antidepressants and anti-epileptics. Therefore the request is not medically necessary or appropriate.