

Case Number:	CM15-0202862		
Date Assigned:	10/19/2015	Date of Injury:	06/01/2010
Decision Date:	12/23/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/15/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 48 year old female, who sustained an industrial injury on 6-1-2010. The injured worker was being treated for cervical and lumbar degenerative disc disease, cervical radiculopathy, and lumbosacral or thoracic neuritis. Medical records (7-18-2015, 8-15-2015, and 9-26-2015) indicate ongoing bilateral elbow, bilateral wrist, neck, and low back pain with numbness and tingling in the left lower extremity. The treating physician noted Omeprazole helps her stomach and there is no hemoptysis. The medical records (7-18-2015, 8-15-2015, and 9-26-2015) show no improvement of the subjective pain rating of 7 out of 10. The physical exam (7-18-2015, 8-15-2015, and 9-26-2015) reveals continued tenderness to palpation in the right trapezius and the cervical and lumbar paraspinal muscles. There is diffuse tenderness of the bilateral wrists, right wrist swelling, and right epicondyle tenderness. Per the treating physician (9-26-2015 report), an MRI of the left elbow revealed a moderately large partial thickness tear of the superior fiber of the common extension tendon and a thickened ulnar nerve within the cubital tunnel with increased signal suggestive of neuropathy. Per the treating physician (9-26-2015 report), an MRI of the right wrist revealed an 11 mm ganglion of the anterior third of the medial styloid with tiny communicating inter-osseous component in the styloid. There is mild extensor carpi on ulnaris tendinosis. Treatment has included a home exercise program, ice, heat, and medications including Lidopro cream (since at least 7-2015), Diclofenac ER (since at least 7-2015), Omeprazole (since at least 7-2015), and Cyclobenzaprine (since at least 7-2015). On 9-26-2015, the requested treatments included Lidopro cream, Diclofenac ER 100 mg, Omeprazole 20 mg, and Cyclobenzaprine 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 gm: 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: According to MTUS guidelines topical lidocaine is indicated for neuropathic pain. It is 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). 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. This request is not medically necessary and appropriate.

Diclofenac ER 100 mg 1 po bid after meals #60 outpatient: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the MTUS and ODG guidelines, NSAID's are recommended for osteoarthritis, chronic back pain and acute exacerbations of back pain. According to the progress notes provided, the IW was on Voltaren 100 mg daily since at least July 2015 for pain. Additionally, the ODG formulary states that Voltaren is a second line agent and there are no records of a trial of a first line agent. This request is not medically necessary and appropriate.

Omeprazole 20 mg 1 po bid #60 for GI protection outpatient: 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 rationale: According to MTUS guidelines, the use of gastrointestinal protectants in conjunction with NSAID use is to be based on risk factors and if required a proton pump inhibitor is to be initiated. There were no risk factors or history of gastrointestinal problems

noted in the chart. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. Progress notes state that the IW was helped by omeprazole but had no risk factors for gastrointestinal sequelae. This request is not medically necessary and appropriate.

Cyclobenzaprine 7.5 mg 1 po qhs PRN #60 outpatient: 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): Muscle relaxants (for pain).

Decision rationale: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. The documentation does not reference any muscle spasm that the Flexeril would be used for and at this time frame it is not indicated. This request is not medically necessary and appropriate.