MAXIMUS Federal Services

Case Number:	CM15-0204304		
Date Assigned:	10/21/2015	Date of Injury:	02/13/2015
Decision Date:	12/03/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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:

January 4, 2014. The injured worker was undergoing treatment for status post right shoulder surgery June 23, 2015, neck sprain, tear and or torn right rotator cuff and depressive disorder. According to the progress note of June 29, 2015, the injured worker had a gastric reaction to Norco and was started on Prevacid and the Norco was discontinued. According to the progress note of August 10, 2015, the injured worker reported the pain continued to be 6-8 out of 10. According to progress note of September 21, 2015, the injured worker's chief complaint was right shoulder pain. The injured worker reported the shoulder was getting better slowly. The physical exam noted decreased range of motion of the right shoulder with abduction and extension. The deep tendon reflexes were plus 2. The injured worker previously received the following treatments topical cream, Prevacid since April 14, 2015, Tylenol #3, Lidoderm patches, Diclofenac, physical therapy, Celebrex and home exercise program. The RFA (request for authorization) dated September 23, 2015; the following treatments were requested prescriptions for Prevacid and a new prescription for Lidocaine Patches. The UR (utilization review board) denied certification on October 1, 2015; for Prevacid and Lidocaine Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg #60: 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 MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as Prevacid in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker is at increased risk of gastrointestinal events. The request for Prevacid 30mg #60 is determined to not be medically necessary.

Lidocaine patches 5 percent #30: 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): Lidoderm (lidocaine patch).

Decision rationale: Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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. There is no clear evidence in the clinical reports that this injured worker has failed treatment with trials of antidepressants and anticonvulsants. The request for Lidocaine patches 5 percent #30 is determined to not be medically necessary.