

Case Number:	CM15-0207354		
Date Assigned:	10/26/2015	Date of Injury:	10/06/2005
Decision Date:	12/07/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, California
 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 57 year old female, who sustained an industrial injury on 10-6-05. The injured worker is diagnosed with lumbar disc injury, lumbar facet arthralgia, right sacroiliac arthralgia and right sciatica. Her work status is modified duty. A note dated 9-14-15 reveals the injured worker presented with complaints of low back pain that radiated into her right lower extremity. She reports the pain is decreased with rest, warm baths and medication. Physical examinations dated 7-7-15 and 9-14-15 revealed decreased lordosis, moderate pain over the right sacroiliac joint and right greater than left L4-L5 and L5-S1 segment and paraspinal spasms noted. Motor strength and sensation is intact and there is moderate pain with right lateral flexion and slight pain with extension. Treatment to date has included lumbar injection helped "a little" and a medial branch block provided significant relief per note dated 9-14-15, medications; Lidoderm(2-2015), Baclofen (7-2015), Ibuprofen (2-2015) and Omeprazole (2-2015) reduce her pain from 9-10 out of 10 to 4-5 out of 10 per note dated 9-14-15. Diagnostic studies include lumbar spine MRI. A request for authorization dated 9-14-15 for Motrin 600 mg #60 with 6 refills, Omeprazole 20 mg #60 with 6 refills and Lidoderm 5% patches #90 with 6 refills is denied, per Utilization Review letter dated 9-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #60 with 6 refills: 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 guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Future need and response cannot be determined. Continued use of Motrin with 6 refills is not medically necessary.

Omeprazole 20mg #60 with 6 refills: 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 Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. It was provided for "Ibuprofen tolerance." Long-term use is not recommended. Therefore, the continued use of Omeprazole with 6 refills is not medically necessary.

Lidoderm 5% patches #90 with 6 refills: 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 the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic

neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The claimant was on oral NSAIDS as well. The request for continued and long-term use of Lidoderm patches with 6 refills as above is not medically necessary.