

Case Number:	CM15-0208848		
Date Assigned:	10/27/2015	Date of Injury:	09/13/2011
Decision Date:	12/11/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/23/2015

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: Texas, New York, 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:

The applicant is a represented 47-year-old who has filed a claim for ankle pain and purported complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of August 9, 2013. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve requests for Lidoderm patches and Zantac. The claims administrator referenced a September 23, 2015 RFA form in its determination. The full text of the UR report was not; it was incidentally noted, attached to the application. The applicant's attorney subsequently appealed. On September 23, 2015, the applicant reported ongoing issues with ankle pain reportedly attributed to complex regional pain syndrome. The applicant's medication list included Lyrica, Lidoderm patches, and Zantac, the treating provider reported. 6/10 pain complaints were reported. The attending provider contended that the applicant's medications were beneficial and were facilitating the applicant's ability to return to work. The attending provider seemingly stated that Zantac had been employed on the grounds that previously prescribed Prilosec had proven ineffectual but did not, however, make any explicit mention of the applicant's suffering issues with reflux, heartburn, and/or dyspepsia. On October 20, 2015, the attending provider contended that the applicant's medications were ameliorating the applicant's ability to work. The attending provider suggested employing heightened dosage of Lyrica in conjunction with Lidoderm ointment for neuropathic ankle pain complaints attributed to complex regional pain syndrome. The treating provider again refilled Zantac, but made no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia. Motrin was endorsed. On an earlier note dated July 29, 2015, the attending provider again suggested that the

applicant stop Prilosec and employ Zantac for pain relief. There was no mention whether or not ongoing usage of Zantac had or had not proven effective. Once again, there was no specific mention of the applicant is having issues with reflux, heartburn, and/or dyspepsia on this date, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for Zantac, an H2 antagonist, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as Zantac are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no explicit mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple progress notes, referenced above, including September 23, 2015 date of service at issue. It was not clearly stated whether or not ongoing usage of Zantac had or had not proven effective for whatever purpose it had been employed. No seeming discussion of medication efficacy transpired insofar Zantac was concerned on multiple office visits, referenced above, interspersed between April 8, 2015 and September 23, 2015. Therefore, the request was not medically necessary.

Lidoderm Patch 5% #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Conversely, the request for Lidoderm patches was medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants. Here, the treating provider's documentation, including September 26, 2015 office visit at issue, seemingly suggested that previously prescribed oral Lyrica had proven ineffective in attenuating the applicant's neuropathic pain complaints associated with Complex Regional Pain Syndrome (CRPS). The attending provider suggested that the combination of Lyrica and topical lidocaine had proven effective in attenuating the applicant's pain complaints and in facilitating the applicant's ability to return to and/or maintain full-time work status. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.