

<b>Case Number:</b>	CM15-0025065		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	10/13/2009
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 72-year-old male, who sustained an industrial injury on 10/13/2009. He has reported subsequent neck, back, shoulder and lower extremity pain and was diagnosed with lumbar spine, ankle and neck sprain, degenerative disc disease of the lumbar spine, lumbar stenosis, lumbar radiculitis and right rotator cuff rupture. Treatment to date has included oral pain medication, physical therapy, chiropractic therapy and acupuncture. In a progress note dated 11/19/2014, the injured worker complained of significant low back pain radiating to the right lower extremity rated as 3-4/10 with pain medication and 8/10 without pain medication. Objective physical examination findings were notable for tenderness of the lumbar paraspinal muscles, pain with lumbar flexion and extension, positive straight leg raise on the right side, tenderness and positive impingement signs of the bilateral shoulders and an antalgic gait. There was no examination of the gastrointestinal system documented. Requests for authorization of Omeprazole and Lidoderm patches were made. On 02/02/2015, Utilization Review non-certified requests for Omeprazole and Lidoderm patches, noting that the documentation did not identify gastrointestinal upset or cardiovascular risks to support the need for Omeprazole and that documentation didn't identify that the injured worker had failed tricyclic anti-depressants or anti-epileptic drugs prior to prescribing Lidoderm patches. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.

**Lidoderm Patches 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** Regarding request for Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has localized peripheral pain after failure of first-line therapy. In light of the above issues, the currently requested Lidoderm is not medically necessary.