

<b>Case Number:</b>	CM15-0025957		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/30/2005
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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

### 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 56 year old female, who sustained an industrial injury on 08/30/2005. She reported cervical and lumbar spine pain. The injured worker was diagnosed as having lumbar spine discogenic syndrome; and displacement of intervertebral disc. Treatment to date has included medications, physical therapy, and home exercise program. Medications have included Norco, Ultram, Ranitidine, and Lidoderm patches. On 11/18/2014, the treating provider documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued cervical spine pain, unchanged from last office visit. Objective findings included cervical spine tenderness with spasm; and decreased range of motion of the cervical spine. The treating provider's plan of care included continuation of prescription medications and home exercise program. Request is being made for Lidocaine Pad 5% Day Supply: 30 QTY: 30 refills: 0 RX Date: 1/14/2015; and Ranitidine Tab 150 mg day supply: 30 qty: 60 refills: 0 RX date 01/14/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Pad 5% Day Supply: 30 QTY: 30 refills: 0 RX Date: 1/14/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Therapy Page(s): 69, 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient presents with pain in the cervical spine. The request is for Lidocaine Pad 5% Day Supply: 30: Qty Refills: 0 Rx Date 1/14/15. Physical examination to the cervical spine on 11/18/14 revealed tenderness to palpation to the paraspinals with spasm. Patient has had acupuncture treatments with benefits. Per 10/28/14 progress report, patient's diagnosis includes displcmt intervert disc site uns w/o myelopathy. Patient's medications, per 03/19/15 progress report, include Norco and Ultram. Patient is permanent and stationary. MTUS guidelines page 57 states, "topical Novocain may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tree-cyclic or SNRI anti-depressants or an AED such as parenting or Lyrics)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that epidermal patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater has not provided a reason for the request. A prescription for Lidoderm Patch 5% was first noted in 11/18/14 progress report. Per ODG guidelines, lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, there is no indication of peripheral neuropathic pain for which the patch is indicated. Furthermore, the treater has not provided any documentation showing evidence of a trial of first-line therapy. The request does not meet guideline requirements and therefore, it IS NOT medically necessary.

**Ranitidine Tab 150mg day supply: 30 qty: 60 refills 00 RX date 01/14/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with pain in the cervical spine. The request is for Ranitidine Tab 150 Mg Day Supply: 30 Qty: 60 Refills 00 Rx Date 1/14/15. Physical examination to the cervical spine on 11/18/14 revealed tenderness to palpation to the paraspinals with spasm. Patient has had acupuncture treatments with benefits. Per 10/28/14 progress report, patient's diagnosis includes displcmt intervert disc site uns w/o myelopathy. Patient's medications, per 03/19/15 progress report, include Norco and Ultram. Patient is permanent and stationary. MTUS Guidelines page 69 states, "clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: 1. Ages greater than 65 years. 2. History of peptic ulcer, GI bleeding, or

perforation. 3. Concurrent use of ASA, corticosteroids, and/or an anticoagulant. 4. High-dose multiple NSAID". "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." Treater has not provided a reason for the request. Patient's medications include Norco and Ultram. In review of the medical records provided, there was no evidence of the patient utilizing NSAIDs. There were no discussions regarding what Ranitidine is doing for the patient. There are no GI symptoms described and no discussions regarding how Ranitidine is managing the symptoms. Due to lack of documentation, the requested ranitidine IS NOT medically necessary.