MAXIMUS Federal Services

Case Number:	CM15-0212260		
Date Assigned:	11/02/2015	Date of Injury:	09/13/2000
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/28/2015

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, Hawaii
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 66 year old male who sustained an industrial injury on 09-13-2000. According to an office visit report dated 09-23-2015, the injured worker reported pain in the head, bilateral arms, bilateral legs, neck, bilateral shoulders, bilateral buttocks, thoracic spine, bilateral elbows, right hip, right hand, right knee, bilateral lower back, right ankle-foot and groin. He reported that he was bedbound over the past month because he did not have medications. Medications included Norco, Lidoderm 5% patch, Prilosec, Viagra, Cardizem, Hydrochlorothiazide, Losartan Potassium and Coumadin. Diagnoses included spinal stenosis of lumbar region without neurogenic claudication, other symptoms referable to back, spondylolisthesis congenital, lumbar post-laminectomy syndrome, back pain lumbar with radiculopathy, cervical post-laminectomy syndrome, cervical radiculopathy, cervicogenic headaches, cervicalgia and shoulder pain. Medications were reviewed and refilled. An authorization request dated 09-23-2015 was submitted for review. The requested services included Lidoderm 5% patch, Prilosec 10 mg and Norco 10-325 mg. On 10-20-2015, Utilization Review non-certified the request for Lidoderm 5% patch (Lidocaine) quantity 30 and Prilosec 10 mg (Omeprazole) quantity 30. Documentation shows use of Prilosec and Lidoderm 5% patch dating back to 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch (lidocaine) Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The patient presents with pain affecting the head, low back, neck, thoracic spine, bilateral legs, bilateral shoulders, bilateral buttocks, bilateral elbows, right hip, right hand, right knee, right ankle, and right foot. The current request is for Lidoderm 5% patch (lidocaine) Qty 30. The requesting treating physician report dated 10/22/15 (10B) provides no rationale for the current request. The MTUS guidelines state Lidoderm is "Not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm is the brand name for a lidocaine patch produced by [redacted]. Topical lidocaine may be recommended for localized neuropathic 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." In this case there is no evidence in the documents provided that the patient underwent any first-line therapy. Furthermore, the physician has not documented that the patient presents with localized peripheral neuropathic pain and there is no documentation that prior Lidoderm usage provided any functional improvement for the patient. The current request is not medically necessary.

Prilosec 10 mg (Omeprazole) Qty 30: 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 patient presents with pain affecting the head, low back, neck, thoracic spine, bilateral legs, bilateral shoulders, bilateral buttocks, bilateral elbows, right hip, right hand, right knee, right ankle, and right foot. The current request is for Prilosec 10 mg (Omeprazole) Qty 30. The requesting treating physician report dated 10/22/15 (10B) provides no rationale for the current request. The MTUS guidelines state Omeprazole is recommended with precautions, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there was no documentation provided of any current NSAID use or indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. The current request is not medically necessary.