MAXIMUS Federal Services

Case Number:	CM15-0212600		
Date Assigned:	11/02/2015	Date of Injury:	02/13/2013
Decision Date:	12/22/2015	UR Denial Date:	10/06/2015
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: Pennsylvania, Ohio, 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 32 year old male, who sustained an industrial injury on 02-13-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar degenerative disc disease. Medical records (04-23-2015 to 10-01-2015) indicate ongoing low back pain, spasms, and constipation. Pain levels were rated 7-8 out of 10 in severity on a visual analog scale (VAS). Records also indicate changes in activity level of improvement in function. Per the treating physician's progress report (PR), the IW can return to work with restrictions. The physical exam, dated 10-01-2015, revealed tenderness to palpation over the lumbar region, and decreased flexion. Relevant treatments have included: physical therapy (PT), heat, electrical stimulation, work restrictions, and pain medications (tramadol, LidoPro and omeprazole for several months). The request for authorization (10-01-2015) shows that the following medications were requested: tramadol 150mg #30, LidoPro Topical Ointment 120ml #1, and omeprazole 20mg #60. The original utilization review (10-06-2015) partially approved the request for tramadol 150mg #30 which was modified to a one month supply for weaning, and noncertified the request for LidoPro Topical Ointment 120ml #1, and omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment 120ml x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter ; Drug.com.

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

Decision rationale: MTUS recommends topical lidocaine only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator 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), Proton pump inhibitors (PPIs).

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

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication; the appeal in this case lists general guidelines but does not state how the guidelines apply in this particular clinical situation. The request is not medically necessary.