

Case Number:	CM15-0218856		
Date Assigned:	11/10/2015	Date of Injury:	04/01/2013
Decision Date:	12/21/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/06/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 50 year old male, who sustained an industrial injury on 4-1-13. The injured worker was diagnosed as having lumbar sprain-strain, cervical sprain-strain, bilateral shoulder sprain-strain, and bilateral carpal tunnel syndrome. Treatment to date has included medications. The PR-2 notes dated 9-30-15 document the injured worker complained of cervical spine 7 out of 10 with medication, sharp, achy neck pain, numbness and tingling, associated with prolonged or repetitive looking up, looking down, and standing with relief from medication and rest. Lumbar Spine was 6-7 out of 10 with medications, sharp, stabbing low back pain and heaviness, aggravated by sudden movement, lifting 10 pounds, prolonged sitting, standing, walking, driving, repetitive motion bending, kneeling, twisting, and squatting; relief is from medication and rest. The right and left shoulder 6 out of 10 with medication, sharp, burning right shoulder pain and weakness, associated with lifting 10 pounds and repetitive overhead reaching, and relief with medications and rest. The right and left wrist 5-6 out of 10 with medication, sharp wrist pain, numbness and tingling, associated with prolonged repetitive grabbing, grasping, gripping, squeezing, pushing, pulling, and relieved by medication and rest. The provider documents a physical examination. He notes that pain is decreased by 20% with medications. His treatment plan is refill on medications Motrin, Zantac, and Lidoderm patches. A PR-2 note dated 1-7-15 indicates Lidoderm patches were prescribed at that time. The medical documentation submitted for review does not define the initial date Zantac 150mg was prescribed. A Utilization Review letter is dated 10-8-15 and non-certification for Zantac 150mg #30 and Lidoderm patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com <http://www.drugs.com/pro/zantac.html>.

Decision rationale: The California MTUS and Official Disability Guidelines (ODG) do not address the issue of ranitidine (Zantac) use in injured workers. However, the FDA states that ranitidine is indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. According to treating physician notes through 9-30-15, there is no documentation that this injured worker has had gastrointestinal complaints. Furthermore, although the injured worker is taking Motrin, there is no documentation that the injured worker requires prophylactic medication. Therefore, the request for Zantac 150mg #30 is not medically necessary and appropriate.

Lidoderm patches #30: Upheld

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

MAXIMUS 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 (Chronic), Lidoderm® (lidocaine patch).

Decision rationale: The CA MTUS guidelines cited state that topical lidocaine is not a first-line treatment for localized peripheral pain; however, it may be recommended in cases where there has been a prior trial of first-line therapy with medications such as tricyclics, anticonvulsants, or serotonin and norepinephrine reuptake inhibiting antidepressants. Although Lidoderm is only FDA indicated for neuropathic pain due to post-herpetic neuralgia, it has FDA orphan status in treatment of chronic neuropathic pain disorders. The injured worker in this case, has not had a history of neuropathy and there is no documentation of pain score reduction and objective functional improvement with Lidoderm. Furthermore, it is unclear as to what body part the Lidoderm patches would be used for. Therefore, the request for Lidoderm patches #30 is not medically necessary and appropriate.