

Case Number:	CM15-0221732		
Date Assigned:	11/17/2015	Date of Injury:	06/13/2014
Decision Date:	12/24/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/11/2015

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: Preventive Medicine, Occupational Medicine

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 45 year old female, who sustained an industrial-work injury on 6-13-14. The injured worker was diagnosed as having impingement syndrome of shoulder, sprain-strain of ligaments of lumbar spine, cervical spondylosis, chronic myofascial pain syndrome. Treatment to date has included medication: Pepcid, Motrin, and Lidocaine patches, modified duty, 12 sessions of physical therapy; chiropractic sessions, acupuncture (not effective), and diagnostics. Currently, the injured worker complains of continued neck and right upper back pain that is aggravated by activities. Per the primary physician's progress report (PR-2) on 9-29-15, exam noted tenderness to palpation of the cervical spine and right trapezius, mild loss of cervical spine range of motion. The Request for Authorization requested service to include Pepcid 40mg Qty: 30 with 3 refills, Motrin 800mg Qty: 90 with 3 refills, and Lidocaine patch 5% Qty: 30 with 3 refills. The Utilization Review on 10-13-15 denied the request for Pepcid 40mg Qty: 30 with 3 refills, modified Motrin 800mg Qty: 90 with 2 refills, and denied Lidocaine patch 5% Qty: 30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pepcid 40mg Qty: 30 with 3 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/NSAIDs and GI symptoms.

Decision rationale: MTUS Guidelines do not support the prophylactic use of GI acid inhibitors unless there are risk factors and/or symptoms associated with NSAID and/or other medication use. None of these risk factors are symptoms are reported to be present. There is no reported history of bleeding disorders, ulcer disease, use of blood thinners or dyspepsia. Under these circumstances, the prophylactic use of Pepcid is not supported by Guidelines and is not medically necessary.

Motrin 800mg Qty: 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS Guidelines do not recommend the daily long-term use of NSAID medications for most chronic pain syndromes. Their use on a long-term daily basis has not been shown to be very beneficial and their use is associated with significant risks. If they are of significant benefit periodic use of flare-ups is consistent with Guidelines, but this medication is prescribed for daily use on a long-term basis and no benefits to pain or function is documented. Under these circumstances, the Motrin 800mg Qty: 90 with 3 refills is not supported by Guidelines and is not medically necessary.

Lidocaine patch 5% Qty: 30 with 3 refills: Upheld

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

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

Decision rationale: MTUS Guidelines are very specific with the recommendation that topical Lidocaine use be limited to a well defined localized neuropathic pain syndrome and then only after first line oral drugs have been trialed and failed. The Lidocaine patches do not meet Guideline recommendations for this individual. A neuropathic pain syndrome is not documented as the pain is described to be nociceptive and there has been no trials of first line oral drugs for neuropathic pain. Under these circumstances, the Lidocaine patch 5% Qty: 30 with 3 refills is not supported by Guidelines and is not medically necessary.