MAXIMUS Federal Services

Case Number:	CM15-0035227		
Date Assigned:	03/03/2015	Date of Injury:	07/14/2003
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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: Arizona, California
Certification(s)/Specialty: 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 53 year old female, who sustained an industrial injury on July 14, 2003. She has reported neck and bilateral upper extremities pain. Her diagnoses include repetitive strain injury, neck and bilateral upper extremities, myofascial pain syndrome; bilateral carpal tunnel syndrome, cervical degenerative disc disease, chronic pain syndrome, and chronic low back pain with radicular symptoms. She has been treated with MRI, resting hand splints, physical therapy, acupuncture, hand therapy, pool therapy, Botox injections, functional restoration program (FRP), home exercise program, inferential unit, and medications including oral pain, proton pump inhibitor, anti-epilepsy, topical pain patches and ointment, muscle relaxant, and non-steroidal anti-inflammatory. On August 21, 2014, her treating physician reports she has continuing constant pain and numbness diffusely. Her pain levels are 7-8/10. Her medications caused sedation. The physical exam revealed diffuse tenderness and hypersensitivity over the neck and upper extremities upon palpation, intact motor and sensation, and wearing hand splints. On February 25, 2015, the injured worker submitted an application for IMR for review of prescriptions for Meloxicam tab 7.5mg Day Supply: 30 Qty: 60, Omeprazole 20mg Day Supply: 30 Qty: 60 and Lidocaine pad Day Supply: 30 Qty: 30. The Meloxicam was non-certified based on the guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDS) for short-term use. There is a lack of evidence as to why a prescribed and intermittently used over-the-counter non-steroidal anti-inflammatory drug would not be reasonably applicable. The Omeprazole was non-certified based on the patient has no documented dyspepsia with the use of non-steroidal anti-inflammatory drugs, no history of

gastrointestinal bleeding, or use of anticoagulants. The Lidocaine pad was non-certified based on The guidelines recommend this patch for treatment of post-herpetic neuralgia, which the injured worker is not diagnosed with. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam tablet 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs since at least 2012 (previously Mobic). There was no indication of Tylenol failure. Recent notes are not provided to indicate pain scores. Long-term NSAID use has renal and GI risks. Continued and chronic use of Meloxicam is not medically necessary.

Omeprazole capsule 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67-69.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. In addition, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Omeprazole is not medically necessary.

Lidocaine pad 5% Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral 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). In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidocaine are not recommended. The claimant had been on topical Lidocaine for 3 years. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.