

Case Number:	CM15-0037831		
Date Assigned:	03/06/2015	Date of Injury:	10/08/2008
Decision Date:	04/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 was a 55-year-old male, who sustained an industrial injury, October 8, 2008. According to progress note of January 27, 2015, the injured workers chief complaint was left shoulder pain. The injured worker felt that he was losing function with daily activities. The injured worker described the left shoulder as painful with intermittent popping. The pain was not covered by the pain medication currently prescribed. The physical exam noted moderately tender over the anterior acromion, bicipital groove, the pectoralis tendon, trapezius and rhomboids. The range of motion was flexion of 90 degrees, external rotation of 45 degrees with guarding, internal rotation to the gluteals and abduction was 875 degrees. There was moderate pain with stressing of supraspinatus, but no obvious weakness or laxity. The elbow had full range of motion. The injured worker continued to have moderate pain, stiffness and limited range of motion. The injured worker was diagnosed with sprain of other sites of shoulder and upper arm, thoracic sprain/strain, lumbosacral disc injury, thoracic disc injury, bilateral S1 lumbosacral internal derangement, status post right thumb repair, anxiety, depression and status post right knee surgery on November 28, 2012. The injured worker previously received the following treatments Norco for pain, MRI of the left shoulder, acupuncture, Mobic for pain, cane for ambulation, Skelaxin for spasms, Gabapentin, Xanax, Senokot, Lidoderm patches and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: Based on the 01/27/15 progress report provided by treating physician, the patient presents with left shoulder pain. The patient is status post right thumb repair, date unspecified and right knee surgery 11/28/12. The request is for PRILOSEC 40MG #30. Patient's diagnosis on 01/27/15 included sprain of other specified sites of shoulder and upper arm. Patient had manipulation under anesthesia, date unspecified. Patient's medication included Norco, Mobic, Skelaxin, Xanax, Cymbalta, Senokot and Lidoderm patches. Patient is on home exercise program. Patient's work status is not available. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater has not provided reason for the request. RFA is not provided. It is not known whether Prilosec has been initiated, as it is not mentioned in medical records provided. Mobic is prescribed in treater report dated 01/12/14. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Review of medical records do not show evidence of gastric problems, and there is no mention of GI issues to support use of Prilosec. Given lack of documentation as required my guidelines, the request IS NOT medically necessary.

Lidoderm patches %5 Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, Lidoderm.

Decision rationale: Based on the 01/27/15 progress report provided by treating physician, the patient presents with left shoulder pain. The request is for LIDODERM PATCHES 5% QTY 1.00. Patient's diagnosis on 01/27/15 included sprain of other specified sites of shoulder and upper arm. Patient had manipulation under anesthesia, date unspecified. Patient's medication included Norco, Mobic, Skelaxin, Xanax, Senokot and Lidoderm patches. Patient is on home exercise program. Patient's work status is not available. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Per treater report dated 01/12/14, Lidoderm patches are prescribed for topical relief. RFA not provided. There is no documentation of how Lidoderm patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, Lidoderm patches are indicated for localized peripheral pain, which treater has not documented, and are not indicated for shoulder conditions. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.