

Case Number:	CM15-0052721		
Date Assigned:	03/26/2015	Date of Injury:	06/27/2011
Decision Date:	05/12/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/19/2015

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 is a 48-year-old female who reported an injury on 06/27/2011. The mechanism of injury was not provided. The prior treatments included acupuncture and epidural steroid injections. There was a request for authorization submitted for review dated 02/02/2015. The documentation of 02/02/2015 revealed the injured worker had cervicobrachial pain bilaterally. The injured worker had been approved for an epidural steroid injection. The injured worker indicated that she had a prior procedure with 100% relief. The physical examination revealed decreased range of motion of the cervical spine. The injured worker had strength of 4/5 on the left upper extremity. The treatment plan included medications, including diclofenac 100 mg by mouth twice a day, nizatidine 150 twice a day, and Lidoderm 5%, as well as gabapentin 600 mg 3 times a day. There was a request for authorization for medications dated 10/22/2014. The documentation of 10/22/2014 revealed the injured worker had an episode of chest pain on diclofenac and gabapentin. The injured worker stopped the medication and symptoms resolved. The medications were restarted without complication. The injured worker previously took Celebrex and Lyrica. The injured worker's pain was 7/10 to 9/10 in the cervical spine. The left shoulder pain was 9/10. The medications included diclofenac ER 1 by mouth twice a day, nizatidine 150 mg, Norco 10/325 mg, and gabapentin 600 mg. The diagnosis was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% #30 (RFA dated 02/02/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review indicated the injured worker was utilizing the medication. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidocaine patch 5% #30 (RFA dated 02/02/2015) is not medically necessary.

Nizatidine 150mg #60 (RFA dated 02/02/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Axid- H2 blocker.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend H2 blockers for injured workers at intermediate risk or higher for gastrointestinal events. They are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation that the nizatidine was effective and it failed to indicate the injured worker had symptoms that would support the necessity for use. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nizatidine 150mg #60 (RFA dated 02/02/2015) is not medically necessary.

Lido Hydrochloride HCL 3% (RFA dated 10/22/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was a lack of documentation indicating a necessity for a topical gel. The injured worker had utilized Lidoderm patches. There was a lack of documentation of a failure of a first line therapy including gabapentin. The request as submitted failed to indicate the frequency and body part to be treated and lidocaine gel is not supported. Given the above, the request for Lido Hydrochloride HCL 3% (RFA dated 10/22/2014) is not medically necessary.

Diclofenac 100mg #30 with 2 refills (RFA dated 10/22/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Diclofenac 100mg #30 with 2 refills (RFA dated 10/22/2014) is not medically necessary.

Nizatidine 150mg #60 with 2 refills (RFA dated 10/22/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Axid- H2 blocker.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend H2 blockers for injured workers at intermediate risk or higher for gastrointestinal events. They are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation that the Nizatidine was effective and it failed to indicate the injured worker had symptoms that would support the necessity for use. The clinical documentation submitted for review indicated the injured worker was utilizing the medication. However, there was a lack of documentation of objective

functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for Nizatidine 150mg #60 with 2 refills (RFA dated 10/22/2014) is not medically necessary.