

Case Number:	CM15-0053770		
Date Assigned:	03/27/2015	Date of Injury:	06/05/2014
Decision Date:	05/12/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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 45 year old female, who sustained an industrial injury on 6/5/14. She reported back pain. The injured worker was diagnosed as having lumbar intervertebral disc disorder with myelopathy, lumbar strain/sprain, and sacral sprain/strain. Treatment to date has included physical therapy, chiropractic treatment, TENS, and a home exercise program. A MRI of the lumbar spine performed on 8/5/14 revealed L5-S1 right paracentral large disc protrusion that deviates the right S1 root and disc protrusion into the right L5-S1 foramina that contacts the exiting L5 nerve root. Currently, the injured worker complains of lumbar spine pain and decreased lumbar spine range of motion. The treating physician requested authorization for Omeprazole 20mg #60 and Lidopro 40oz 121g. The treating physician noted the treatment plan was to include anti-inflammatory and analgesic medications for symptom control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for OMEPRAZOLE 20MG #60. None of the reports mention medication. The patient returns to modified work on 01/14/15. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, none of the reports discuss this medication except the request. The treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI. The request IS NOT medically necessary.

Lidopro 4 oz 121 grams: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for LIDOPRO 4OZ 121GRAMS. None of the reports mention medication. The patient returns to modified work on 01/14/15. MTUS guidelines page 112 on topical lidocaine states, "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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." In this case, MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. The request of LidoPro Lotion IS NOT medically necessary.