

<b>Case Number:</b>	CM15-0087719		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	06/29/1998
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Emergency 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 60 year old female, who sustained an industrial injury on 6/29/98. The injured worker was diagnosed as having bilateral knee pain, gastritis, medication related dyspepsia, complex regional pain syndrome of the left lower extremity, and left heel plantar fasciitis/bone spur. Treatment to date has included left lumbar sympathetic block with 80% improvement in pain, physical therapy, a home exercise program, and medications. A report dated 12/5/14 noted pain was rated as 5/10 with medications and 9/10 without medications. A physician's report dated 3/27/15 noted pain was rated as 6/10 with medications and 9/10 without medications. The injured worker had been taking Lidoderm and Prilosec since 12/5/14. Currently, the injured worker complains of low back pain that radiated to bilateral lower extremities. The treating physician requested authorization for Lidoderm 5% patches #30 with 1 refill and Prilosec 40mg #30 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(lidocaine patch) Page(s): 56-57.

**Decision rationale:** As per MTUS chronic pain guidelines, lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of radiculopathy. It may be considered after failure of 1st line treatment. Patient has no documentation that other 1st line agents such as Lyrica or Neurontin. There is non-specific subjective improvements but no objective improvement documented. Documentation fails to support use of Lidocaine patch. Lidocaine patch is not medically necessary.

**Prilosec 40mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines, (PPI's) Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not on an NSAID. Patient has complaints of gastritis and stomach upset. While patient may require a PPI for gastritis, it is not related to medications and no documentation of it being related to injury and therefore not recommended by MTUS guidelines. Prilosec/Omeprazole is not medically necessary.