

<b>Case Number:</b>	CM15-0239802		
<b>Date Assigned:</b>	12/16/2015	<b>Date of Injury:</b>	04/12/2014
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	12/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2015

### 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 41 year old female, who sustained an industrial injury on 04-12-2014. A review of the medical records indicates that the worker is undergoing treatment for lumbar herniated nucleus pulposus and lumbar radiculopathy. Treatment has included Nabumetone, Ibuprofen, Ketoprofen, Gabapentin, Lyrica, Ultracet, Omeprazole (since at least 09-28-2015) for gastrointestinal prophylaxis while on high dose non-steroidal anti-inflammatory drugs, Duloxetine, Lidoderm patch (since at least 06-22-2015), at least 20 sessions of acupuncture, chiropractic therapy and transforaminal epidural steroid injection. Subjective complaints (09-28-2015, 10-05-2015 and 11-03-2015) included neck, bilateral shoulder and low back pain. Pain was rated as 8-10 out of 10. Objective findings (09-28-2015, 10-05-2015 and 11-03-2015) revealed tenderness to palpation of the bilateral lumbar spine and sacroiliac joints, lumbar spasms, decreased range of motion of the lumbar spine, decreased sensation throughout the right lower extremity, decreased motor strength bilaterally in the lower extremities secondary to pain and positive bilateral straight leg raise. Requests for acupuncture, Omeprazole and Lidoderm patch were submitted. There was no documentation of significant pain relief or objective functional improvement with prior acupuncture therapy visits. Lidopro was noted to limit oral medication use. There was no discussion of the worker's risk factors for gastrointestinal issues and no documentation of subjective gastrointestinal complaints. A utilization review dated 12-02-2015 non-certified requests for acupuncture; twelve (12) visits (2x6), Omeprazole 20 mg #60 and Lidoderm patch #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Omeprazole 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on the 11/03/15 progress report provided by treating physician, the patient presents with neck pain rated 9/10 radiating to the bilateral shoulders and wrists, and low back pain rated 8-9/10 radiating to the bilateral lower extremities. The request is for Omeprazole 20MG #60. Patient's diagnosis per Request for Authorization form dated 11/03/15 includes lumbar radiculopathy. Physical examination of the lumbar spine on 11/03/15 revealed spasm and tenderness to palpation, decreased range of motion, decreased sensation throughout the right lower extremity, decreased motor strength bilaterally in the lower extremities secondary to pain and positive bilateral straight leg raise. Treatment to date has included imaging and electrodiagnostic studies, lumbar ESI, IM Toradol injection, acupuncture, chiropractic and medications. Patient's medications include Relafen, Prilosec, Cymbalta, and Lidoderm patches. The patient is temporarily partially disabled, per 11/03/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69 states that "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." Omeprazole (Prilosec) has been included in patient's medications per progress reports dated 06/22/15, 09/28/15, and 11/03/15. It is not known when this medication was initiated. Per 11/03/15 report, treater states Prilosec for GI prophylaxis while on high dose NSAIDS, and the patient complains of nausea. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. Treater has documented gastric problems for which prophylactic use of PPI is indicated. This request appears reasonable and in accordance with guideline indications. Therefore, the request is medically necessary.

### **Lidoderm patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** Based on the 11/03/15 progress report provided by treating physician, the patient presents with neck pain rated 9/10 radiating to the bilateral shoulders and wrists, and low

back pain rated 8-9/10 radiating to the bilateral lower extremities. The request is for Lidoderm patch #30. Patient's diagnosis per Request for Authorization form dated 11/03/15 includes lumbar radiculopathy. Physical examination of the lumbar spine on 11/03/15 revealed spasm and tenderness to palpation, decreased range of motion, decreased sensation throughout the right lower extremity, decreased motor strength bilaterally in the lower extremities secondary to pain and positive bilateral straight leg raise. Treatment to date has included imaging and electrodiagnostic studies, lumbar ESI, IM Toradol injection, acupuncture, chiropractic and medications. Patient's medications include Relafen, Prilosec, Cymbalta, and Lidoderm patches. The patient is temporarily partially disabled, per 11/03/15 report. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 57, Lidoderm (Lidocaine patch) section 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, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', 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. Lidoderm patch has been included in patient's medications per progress reports dated 06/22/15 and 11/03/15. It is not known when this medication was initiated. Treater has not provided medical rationale for the request, nor indicated where the patch is applied and with what efficacy. In this case, the patient presents with neck and low back pain, for which lidocaine patches are not indicated. MTUS indicates Lidocaine patches for neuropathic pain that is peripheral and localized. Lidoderm patches are not indicated for axial spine pain. In addition, treater does not document efficacy of the requested Lidocaine patches in terms of quantifiable decrease in pain and increase in function. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Acupuncture; twelve (12) visits (2x6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Based on the 11/03/15 progress report provided by treating physician, the patient presents with neck pain rated 9/10 radiating to the bilateral shoulders and wrists, and low back pain rated 8-9/10 radiating to the bilateral lower extremities. The request is for Acupuncture twelve (12) visits (2x6). Patient's diagnosis per Request for Authorization form dated 11/03/15 includes lumbar radiculopathy. Physical examination of the lumbar spine on 11/03/15 revealed spasm and tenderness to palpation, decreased range of motion, decreased sensation throughout the right lower extremity, decreased motor strength bilaterally in the lower extremities secondary to pain and positive bilateral straight leg raise. Treatment to date has included imaging and electrodiagnostic studies, lumbar ESI, IM Toradol injection, acupuncture, chiropractic and medications. Patient's medications include Relafen, Prilosec, Cymbalta, and Lidoderm patches. The patient is temporarily partially disabled, per 11/03/15 report. 9792.24.1 - Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional

improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per 11/03/15 report, treater states "I continue to request acupuncture 2 times per week for 6 weeks for the lumbar spine for its pain relieving modalities." Given patient's continued pain and diagnosis, a short course of acupuncture would appear to be indicated by guidelines. However, the patient has completed "20+ sessions acupuncture therapy," per 11/03/15 report. MTUS allows Acupuncture treatments to be extended with functional improvement, Section 9792.20(e) defines "Functional Improvement" to mean either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the medical evaluation and treatment; and a reduction in the dependency on continued medical treatment. In this case, the request for 12 additional acupuncture sessions is excessive given lack of documentation of treatment efficacy. Treater does not provide discussion or documentation regarding functional improvement in the patient as required by MTUS. Therefore, the request is not medically necessary.