

Case Number:	CM15-0241187		
Date Assigned:	12/18/2015	Date of Injury:	06/02/2014
Decision Date:	01/22/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/10/2015

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: Preventive Medicine, Occupational 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:

This is a 49-year-old male with a date of industrial injury 6-2-2014. The medical records indicated the injured worker (IW) was treated for lower back pain; segmental-somatic dysfunction; chronic pain syndrome; and muscle spasms. In the progress notes (10-29-15 and 11-9-15), the IW reported low back pain rated 3 to 4 out of 10. He was taking Pamelor and Flexeril without side effects and reported the medications were working for him. He was using Lidopro patches (since at least 7-2015) and Lunesta as well. He was able to go out and walk and stretch. On examination (11-9-15 notes), the lower back was symmetrical and gait was abnormal due to pain. Straight leg raising was positive and FABER testing was positive. Treatments included ultrasound, TENS, heating pad and medications. The treatment plan included continuing medications, as the IW reported benefits, and keeping a blood pressure journal due to elevated blood pressure. He continued to take Pamelor and there were no subjective complaints of gastric issues or reflux. A Request for Authorization dated 11-9-15 was received for Omeprazole 20mg, #60 and Lidopro patch, #5. The Utilization Review on 11-19-15 non-certified the request for Omeprazole 20mg, #60 and Lidopro patch, #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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: Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. Additionally, the injured worker is no longer prescribed NSAIDs. The request for Omeprazole 20mg #60 is determined to not be medically necessary.

Lidopro patch #5: 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: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. He is currently prescribed Pamelor without side effects and documented efficacy. The request for Lidopro patch #5 is determined to not be medically necessary.