

Case Number:	CM14-0140051		
Date Assigned:	09/08/2014	Date of Injury:	03/06/2014
Decision Date:	10/10/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 23-year-old male who reported injury on 02/01/2014. The mechanism of injury was the injured worker was prying and lifting a rock out of the ground on 02/01/2014. The diagnoses included hematochezia and an umbilical hernia. Prior treatments included an epidural steroid injection and physical medicine. The injured worker underwent acupuncture. There was a detailed Request for Authorization submitted for review. The documentation of 08/28/2014 revealed the injured worker had complaints of low back and right lower extremity pain. The documentation indicated the injured worker was tolerating the medications well, and had no evidence of developing dependency. The documentation indicated with the current medication, the pain symptoms were adequately managed. The injured worker's current medications were noted to include hydrocodone/acetaminophen 2.5/325 mg 1 to 2 every 6 hours as needed for pain, Methoderm gel apply to affected area twice a day, naproxen sodium 550 mg tablets 1 twice a day, pantoprazole sodium 20 mg 2 tablets twice a day, and quazepam 15 mg 1 at bedtime. The physical examination revealed restricted range of motion with flexion limited to 40 degrees by pain and extension to 10 degrees limited by pain. The injured worker had spinous process tenderness at L1-5. The straight leg raise was positive bilaterally at 90 degrees in a sitting position. There was tenderness over the sacroiliac spine. The motor examination revealed the strength on the right was 4/5 in the knee extensors. The injured worker had hyperesthesia over the medial calf and lateral calf on the ride side. The treatment plan included a continuation of medications with the exception of quazepam, which was changed to Ambien, continue acupuncture therapy, a lumbar brace, x-rays of the right leg, a TENS unit, and a possibility of a functional restoration program if the injured worker is not a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Protonix 20 mg #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review indicated the injured worker had utilized the medication; however, there was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation indicating the injured worker had been assessed for risk factors for gastrointestinal events, the request for 1 prescription of Protonix 20mg #30 is not medically necessary.

1 prescription of Lidocaine ointment 5% #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... The 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 duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation in exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 prescription of Lidocaine ointment 5% #100 is not medically necessary.