

Case Number:	CM14-0147210		
Date Assigned:	09/15/2014	Date of Injury:	11/03/1993
Decision Date:	10/15/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/10/2014

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 Emergency Medicine, 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 70-year-old female who reported an injury on 11/03/1993 due to an unknown mechanism. The diagnoses were lumbar strain left lower extremity radiation, spasticity, high cholesterol, and L5-S1 anterolisthesis. Physical examination on 08/18/2014 revealed that the injured worker had epidural injections. The outcome was not reported. Examination of the lumbar spine revealed tenderness at the L5; paraspinal spasm over the left side; trigger points were L4, L5. SI joints were tender on the right and tender on the left. Motor examination was normal. Deep tendon reflexes were normal. Medications were Lyrica and Protonix. The treatment plan was not reported. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Adhesive Patch, Medicated 5% (700mg/patch): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesics Pag. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14) Lidoderm (lidocaine patch) Criteria for use of Lidoderm patches

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Topical Salicylate, Topical Analgesics, Lidocaine, Page(s): 105, 111, 112.

Decision rationale: The decision for Lidoderm adhesive patch, medicated 5% (700 mg/patch) is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 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 (tricyclic or SNRI antidepressants 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 guidelines recommend treatment with topical salicylates. The efficacy of this medication was not provided. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Ultracet 325/7.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14); Opioids, specific drug list ; regarding Ultracet

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management, Page(s): 82,93,94,113, 78.

Decision rationale: The decision for Ultracet 325/7.5 mg is not medically necessary. The California Medical Treatment Utilization Schedule states central analgesic drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The medical guidelines recommend that there should be documentation of the "4 A's" for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The "4 A's" for ongoing monitoring were not reported for this medication. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Protonix 40mg qd: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67.

Decision rationale: The decision for Protonix 40mg qd is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at

intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy for this medication was not reported and the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.