

<b>Case Number:</b>	CM14-0170468		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	04/24/2005
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This current 65-year-old previous female Concierge sustained an injury on 4/24/05 after misstepping and falling in a parking lot while employed by [REDACTED]. Request(s) under consideration include Dexilant 60mg #30 and Lidoderm Patches 3 Boxes. Diagnoses include bilateral patellofemoral osteoarthritis s/p arthroscopic debridement, chondroplasty, and lateral release on 7/6/07; rotator cuff tear with AC joint arthritis and type II acromion impingement with authorized shoulder arthroscopy with SAD/ Mumford procedure in October 2013 which the patient has deferred; and cervical degenerative disc disease/ radiculopathy/ stenosis. Conservative care has included medications, therapy, Synvisc injections, and modified activities/rest. The patient continues to treat for chronic persistent symptom complaints. Report of 8/25/14 from the provider noted the patient with ongoing pain rated at 5/10, constant in the shoulder with difficulty sleeping on right side; been using Lidoderm patch and Hydrocodone daily to help with increasing function with request for PT for the right shoulder. Exam showed tenderness at right subacromial space; limited shoulder range of abducting to 45 degrees with pain; decreased supraspinatus pain of 4/5. The patient remained P&S with restrictions of no overhead right shoulder use. Diagnoses included right shoulder rotator cuff tendinitis with tear with treatment for PT. Treatment plan included medication refills. The request(s) for Dexilant 60mg #30 and Lidoderm Patches 3 Boxes were non-certified on 9/10/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk Page(s): 68-69.

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

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Lansoprazole namely reserved for patients with history of prior GI bleeding, the elderly, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Dexilant 60mg #30 is not medically necessary.

**Lidoderm Patches 3 Boxes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch), page 751

**Decision rationale:** Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Lidoderm Patches 3 Boxes is not medically necessary.