

<b>Case Number:</b>	CM14-0177230		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	01/17/2008
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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 44 year old woman with a date of injury of 1/17/08. The most recent note in the chart is a psychology reevaluation dated 8/29/14. She is status post injuries to her cervical spine and bilateral upper extremities. She reported IBS and colitis symptoms and pain in her back and neck, arm, shoulder and hand. She reported feeling sad and depressed. Her medications included soma, Motrin, Prilosec, tramadol and Lidocaine. Length of prior prescription was not documented. Her diagnoses included major depression, generalized anxiety disorder and obsessive-compulsive features. At issue in this review are the prescriptions for Omeprazole and Lidocaine pad.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg Qty: 30 Refills: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those

with: 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). The records do not support that she meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of Omeprazole. Therefore this request is not medically necessary.

**Lidocaine Pad 5% Qty: 60 Refills: 00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**Decision rationale:** This injured worker has chronic pain. She receives multiple medications for this pain including Motrin, Soma and Tramadol. Lidocaine pad is FDA approved only for post-herpetic neuralgia and he is concurrently receiving first line therapy for neuropathic pain. The medical records do not support medical necessity for the prescription of Lidocaine pad in this injured worker. Therefore, this request is not medically necessary.