

Case Number:	CM14-0091967		
Date Assigned:	07/25/2014	Date of Injury:	11/16/2004
Decision Date:	09/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/18/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 64-year-old female with an 11/16/04 date of injury. At the time (5/29/14) of the request for authorization for Prilosec 20mg #30 and Lidoderm patches 5% #60, there is documentation of subjective (bilateral shoulder and right knee pain, medications decrease pain and allow for activity) and objective (right shoulder decreased painful range of motion with tenderness to palpation, right knee positive crepitus and decreased painful range of motion) findings, current diagnoses (degenerative joint disease, chronic pain syndrome, sprain/strain of neck, and sprain of shoulder and upper arm other), and treatment to date (medication including Prilosec and Lidoderm for at least 4 months). In addition, there is documentation of ongoing use of gabapentin. Regarding Prilosec 20mg #30, there is no documentation of a risk for a gastrointestinal event. Regarding Lidoderm patches 5% #60, there is no documentation of neuropathic pain and no evidence that a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines none listed. Decision based on Non-MTUS Citation Official Disability Guidelines, no chapter listed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of degenerative joint disease, chronic pain syndrome, sprain/strain of neck, and sprain of shoulder and upper arm other. However, there is no documentation of a risk for a gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg #30 is not medically necessary.

Lidoderm patches 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter listed. Decision based on Non-MTUS Citation Official Disability Guidelines, no chapter listed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 65-57.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degenerative joint disease, chronic pain syndrome, sprain/strain of neck, and sprain of shoulder and upper arm other. In addition, there is documentation of functional benefit with use of Lidoderm and ongoing use of gabapentin. However, there is no documentation of neuropathic pain. In addition, given documentation of ongoing use of gabapentin, there is no evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm patches 5% #60 is not medically necessary.

