

<b>Case Number:</b>	CM14-0217879		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 56-year-old female, with a reported date of injury of 08/17/2009. The results of the injury were bilateral shoulder pain, bilateral knee pain, back pain, and panic attacks. The current diagnoses include lumbar spondylosis without myelopathy, neck pain, cervical degenerative disc disease, and cervical radiculopathy and neuritis. The past diagnoses include lumbar spondylosis without myelopathy, neck pain, cervical degenerative disc disease, cervical radiculopathy and neuritis, low back pain, lumbosacral disc degeneration, left radiculitis, shoulder pain, shoulder impingement syndrome, and osteoarthritis of the hip. Treatments have included an MRI of the right knee on 06/08/2012, which revealed severe osteoarthritis, medial meniscus extruded, with superimposed meniscal degeneration; an MRI of the left knee on 06/08/2012, which showed severe osteoarthritis and a small popliteal cyst; an MRI of the cervical spine on 04/02/2013, which showed mild C3-4 spondylosis with mild compression of the thecal sac, mild C4-5 spondylosis with attenuation of the ventral subarachnoid space and moderate left foraminal stenosis impinging on the left C5 nerve root, attenuation of the ventral subarachnoid space and moderate left foraminal stenosis at C5-6, without nerve root impingement; MRI of the right shoulder on 11/13/2014, which showed mild tendinosis at the articular surface of the distal infraspinatus tendon; Mobic; fentanyl; Norco; Soma; Flector patch; Lidoderm patch; Cymbalta; Buspirone, and Prevacid. The medical report dated 12/02/2014 indicates that the injured worker complained of bilateral shoulder pain, bilateral knee pain, back pain, and panic attacks. She described the pain as aching and stabbing, and she rated the pain an 8 out of 10. The pain was aggravated by anxiety, cold, and rain, but is relieved by medication. It

was noted that the pain medication improved the pain 30%. Without pain medication, the injured worker would not be able to walk, sleep, and live normally. It was documented that the injured worker did not have any bowel issues, nausea, vomiting, or diarrhea. She had a history of heartburn. The objective findings included diffuse body pain, neck pain with radiation to the right lateral arm, bilateral hip pain, right ankle pain, and bilateral back pain with radiation to the bilateral legs. On 12/08/2014, Utilization Review denied the request for Prevacid 30mg daily #30, with three refills, Flector patches 1.3% every twelve hours #30, with three refills, and Lidoderm patches 5% every twelve hours #30, with three refills. The UR physician noted that there was no documentation that indicated the need for Prevacid or the diagnosis of medication-induced gastritis; there was no indication of where the injured worker used the Flector patch; and no documentation of the use of first-line agents such as gabapentin or Lyrica. The Chronic Pain Guidelines and the Official Disability Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Prevacid 30mg QD #30 with 3 refills: Upheld**

**Claims Administrator 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk section Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as Prevacid are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prevacid when using NSAIDs. Therefore, Prevacid 30mg QD #30 with 3 refills is not medically necessary and appropriate.

#### **Flector patch 1.3% Q12H #30 with 3 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Topical analgesics section Page(s): 67-73, 111-113.

**Decision rationale:** The Flector Patch is a topical analgesic containing diclofenac epolamine. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is supported for knee pain. The injured worker is noted to have significant arthritic knee pain. This is a

reasonable treatment for this injured worker and is recommended by the MTUS Guidelines. Therefore, Flector patch 1.3% Q12H #30 with 3 refills is medically necessary and appropriate.

**Lidoderm patch 5% Q12H #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) section Page(s): 56, 57.

**Decision rationale:** Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Therefore, Lidoderm patch 5% Q12H #30 with 3 refills is not medically necessary and appropriate.