

Case Number:	CM15-0014595		
Date Assigned:	02/02/2015	Date of Injury:	05/22/2014
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72-year-old female who reported an injury on 05/22/2014 due to an unspecified mechanism of injury. On 11/17/2014, she presented for a followup evaluation regarding her work related injury. She was noted to have reported improvement with her medication, Celebrex, and would continue to work full duty. She reported pain extending down to the right upper extremity that "could be" persistent, but did not wish to pursue an injection or surgical intervention. A physical examination of the cervical spine showed normal curvature, no tenderness on compression, and tenderness to palpation present in the paraspinal, trapezius, and rhomboids muscles, right greater than the left, and no noted muscle spasm. Spurling's test reproduced the injured worker's symptoms to the left. She had 5/5 muscle strength in all groups and cervical range of motion was full with tightness at terminal motion. Her medications included Celebrex 100 mg 1 capsule 2 times a day with food, Prilosec 40 mg 1 daily, lidocaine patches 5% apply 1 twelve hours daily, naproxen 550 mg 1 tab 2 times a day with food, and Plaquenil. She was diagnosed with cervical pain, thoracic spine pain, HNP, degenerative spondylolisthesis, post-trauma headache, and rotator cuff syndrome. The treatment plan was for lidocaine PAD 5% #30 and Omeprazole cap 40 mg #30. The rationale was to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine PAD 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that lidocaine is only recommended in the form of a dermal patch for neuropathic pain after antidepressants and anticonvulsants have failed to alleviate symptoms. The documentation provided does not show that the injured worker is having a significant functional improvement or a quantitative decrease in pain with the use of this medication to support its continuation. Also, there is a lack of evidence showing that she has tried and failed recommended oral medications. Therefore, the request is not supported. As such, the request is not medically necessary.

Omeprazole CAP 40mg #30: 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/GI Risks Page(s): 67-68.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for dyspepsia secondary to NSAID therapy and for those who are at high risk for gastrointestinal events due to NSAID therapy. The documentation provided does indicate that the injured worker was taking Celebrex and naproxen. However, there is a lack of documentation showing that she was at high risk for gastrointestinal events or that she had a diagnosis of dyspepsia secondary to NSAID therapy to support the request for this medication. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.