

Case Number:	CM15-0016739		
Date Assigned:	02/05/2015	Date of Injury:	11/16/2009
Decision Date:	03/27/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/29/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on 11/16/09. She has reported left knee and left hip injury working as a clerk after a fall. The diagnoses have included pain in joint of pelvic region, pain in knee and myofascial pain syndrome. Treatment to date has included medications, diagnostics, surgery, physical therapy, acupuncture and conservative care. Surgery includes left knee surgery with menisectomy. Currently, the injured worker complains of intermittent left knee and thigh pain which is described as throbbing. It is aggravated by walking 2 blocks and relieved with ice and Lidoderm. It seems to get worse at night. Physical exam revealed decreased lumbar range of motion, sensory exam to light touch is decreased at the thigh, calf and foot. There is tenderness at the left gluteus muscle, medial joint margin and at the insertion of the medial hamstring. There were no documented therapy notes. Treatment recommendations were physical therapy, medication prescriptions and re-visit in 1 month. On 1/27/15 Utilization Review non-certified a request for Lidoderm 5%, quantity: 90 and Omeprazole 20mg, quantity: 30, noting that regarding Lidoderm 5%, this is only supported for use for localized neuropathic pain, not evident here. Regarding Omeprazole 20mg, the use should be short term and only as needed as it may cause an increase in fractures with someone who has not been active. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%, quantity: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 56-57.

Decision rationale: The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do describe any prior treatment with a first line treatment (amitriptyline). Therefore the use of Lidoderm is medically necessary.

Omeprazole 20mg, quantity: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does document a history of gastritis which indicates a moderate or high risk for gastrointestinal events and omeprazole. Omeprazole 20mg, quantity: 30 is medically necessary.