MAXIMUS Federal Services

Case Number:	CM15-0111246		
Date Assigned:	06/17/2015	Date of Injury:	04/07/2009
Decision Date:	07/16/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California
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 52-year-old female, who sustained an industrial injury on 4/7/09. She reported initial complaints of bilateral wrist pain. The injured worker was diagnosed as having carpal tunnel syndrome; lumbar region sprain; myalgia and myositis NOS, psychogenic pain NOS; postsurgical states NEC; sprain of wrist NOS; Idio peripheral neuropathy NOS. Treatment to date has included status post bilateral carpal tunnel release; TENS unit; right shoulder injection (4/2015); medications. Currently, the PR-2 notes dated 5/3/15 indicated the injured worker complains of pain increasing from both wrists to thumbs past year and is worried. States her low back is now included as part of her claim. She finds the medications are helpful especially Tramadol and Lidopro cream and needs another refill. She uses her TENS unit and it is also helpful. She does not do her home exercise because it "hurts." She states that a year ago her left shoulder has cramping from fingertips, which stiffened the whole arm. This recurred in the right shoulder 3 weeks ago and went to ER states got injection and pain has resolved. The provider notes an orthopedic hand consult assessment revealed "bilateral upper extremity pains and paresthesias of unclear etiology and status post bilateral carpal tunnel releases in 2009 without significant symptomatic relief." Therefore, his recommendations did not include any additional injections, therapy or surgical intervention. And it was noted her sensation and strength were WNL. The provider has requested authorization of Lidopro x 2; Omeprazole 20mg #90 and Urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Omeprazole 20 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant's use of Omeprazole was not justified. Therefore, the continued use of Omeprazole is not medically necessary.

Lidopro x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidopro contains topical Lidocaine and NSAID. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such

as gabapentin or Lyrica). The FDA for neuropathic pain has designated Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant did not have the above diagnoses. In addition, the claimant was on oral analgesics and was previously on other topical analgesics. Long-term use of topical analgesics such as Lidopro is not recommended. LidoPro as above is not medically necessary.