MAXIMUS Federal Services

| Case Number: | CM15-0123033 | | |
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| Date Assigned: | 07/07/2015 | Date of Injury: | 11/03/2006 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/23/2015 |
| Priority: | Standard | Application Received: | 06/26/2015 |

## 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 39-year-old male, who sustained an industrial injury on 11/3/06. He reported pain in his neck, lower back and bilateral shoulders related to cumulative trauma. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy, gastroesophageal reflux disorder, status post bilateral shoulder arthroscopy and medication related dyspepsia. Treatment to date has included a TENS unit, a lumbar MRI on 6/8/09, Fentanyl and MS Contin. Current medications include Doxepin, Tramadol, Suboxone, Clonidine, Omeprazole and Lidocaine patches since at least 4/7/15. As of the PR2 dated 6/2/15, the injured worker reports pain in his neck, lower back and upper extremities. Objective findings include decreased lumbar range of motion, a positive straight leg raise test on the right at 70 degrees and tenderness to palpation at the bilateral acromio-clavicular joints. The injured worker received a Toradol injection at the visit. The treating physician requested to continue Omeprazole 20mg #60 and Lidocaine patches 5% #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant sustained a work injury in November 2006 and continues to be treated for radiating neck and low back pain. When seen, pain was rated at 6/10 with medications. He reported having gastric upset associated with medication use. There was decreased and painful lumbar spine range of motion with tenderness and positive facet testing. Straight leg raising was negative. There was bilateral acromioclavicular joint tenderness. A Toradol/B12 injection was administered. Doxepin, Lidoderm, Omeprazole, Tramadol, Suboxone, and Clonidine were prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not currently taking an oral NSAID. The continued prescribing of Omeprazole was not medically necessary.

**Lidocaine Patches 5% quantity 30:** Upheld

**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 (1) Lidoderm (lidocaine patch). P. 56-57 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant sustained a work injury in November 2006 and continues to be treated for radiating neck and low back pain. When seen, pain was rated at 6/10 with medications. He reported having gastric upset associated with medication use. There was decreased and painful lumbar spine range of motion with tenderness and positive facet testing. Straight leg raising was negative. There was bilateral acromioclavicular joint tenderness. A Toradol/B12 injection was administered. Doxepin, Lidoderm, Omeprazole, Tramadol, Suboxone, and Clonidine were prescribed. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.