MAXIMUS Federal Services

Case Number:	CM15-0124986		
Date Assigned:	07/10/2015	Date of Injury:	02/07/2007
Decision Date:	09/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 77 year old female who sustained an industrial injury on 02/07/2007. Current diagnoses include cervical spine strain-chronic, and bilateral shoulder strain-chronic. Previous treatments included medications and homes exercises. Report dated 05/11/2015 noted that the injured worker presented with complaints that included intermittent soreness and tightness in the lower back and in the cervical spine. The injured worker uses local heat and performs range of motion exercises, and complains of increased gastrointestinal upset without the use of omeprazole. Current medication regimen was not included. Pain level was not included. Physical examination was positive for cervical spine tenderness over the spinous process, discomfort at the sternocleidomastoid and trapezius musculature, decreased range of motion, lumbar spine discomfort and decreased range of motion. The treatment plan included continuing daily cervical and lumbar stretching and range of motion exercises, daily local heat to neck and lower back for 20 minutes, and continue present medications. Currently not working as the injured worker has retired. Report dated 01/06/2014 documents that the injured worker is prescribed Prilosec, Tramadol, and Relafen, but there was no current medication list included for review. Disputed treatments include omeprazole and lidocaine pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tabs of Omeprazole 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for prescribing proton pump inhibitors (PPI). PPI's are recommended when patients are identified to have certain risks with the use of Non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. The medical record dated 05/11/2015 provided indicate that the injured worker had gastrointestinal upset without the use of omeprazole, but the provider did not include a rational for why the injured worker requires omeprazole. Also, the submitted records did not include an updated medication list nor did it indicate that the injured worker had cardiovascular disease, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID. Therefore, the request for 60 Tabs of Omeprazole 20 mg is not medically necessary.

30 Lidocaine Pad 5 Percent: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patches), and Topical Analgesics Page(s): 56-57 and 111-112.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, lidocaine pads (Lidoderm patches) are 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Guidelines also state that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. The documentation submitted does not provide a detailed evaluation of the use of any first-line therapy medications referenced above, also the documentation provided did not support a diagnosis of neuropathic pain. Therefore, the request for 30 lidocaine pads, 5% is not medically necessary.