

Case Number:	CM15-0126556		
Date Assigned:	07/20/2015	Date of Injury:	07/03/2010
Decision Date:	08/25/2015	UR Denial Date:	06/10/2015
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: 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 51 year old female patient who sustained an industrial injury on 07/03/2010. A secondary treating office visit dated 05/15/2015 reported the treating diagnoses as: lumbar radiculopathy; herniation of multiple lumbar discs; lumbar discogenic pain, and muscle spasms of the lumbar paraspinal muscles. The plan of care noted refilling Norco 10/325mg, Cymbalta, Zanaflex, Omeprazole, Lidoderm patches, and Voltaren gel. The patient reports subjective complaint of "pain is unchanged" and the medications help in keeping the pain tolerable. At a follow up pain management visit dated 02/13/2015 the treating diagnoses are: fibromyalgia, and chronic back pain. Back on 12/18/2014 at a pain management follow up reported medications continued with Cymbalta, Prilosec, Lyrica, and Norco 10/325mg, and Voltaren gel. The subjective complaints were: chief complaint was back pain; worst pain in the lower back and it radiates to the right lower extremity; the pain interferes with ADL's and sleep. The following treating diagnoses were applied: fibromyalgia, low back pain with radicular symptom, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60 with one refill: 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 July 2010 and continues to be treated for low back pain with lower extremity radicular symptoms. When seen, there was decreased lumbar spine range of motion with muscle spasms and tenderness. There was right sciatic notch tenderness. Straight leg raising on the right side was positive and there was decreased right lower extremity sensation. Voltaren gel had been prescribed in December 2014. In January 2015, omeprazole was prescribed for heartburn. Medications also included Lidoderm. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Adverse effects secondary to topical NSAID use occur in about 10 to 15% of patients and are primarily cutaneous with a rash and/or pruritus where the topical NSAID is applied. Gastrointestinal adverse drug reactions are rare and not likely associated with topical NSAIDs after adjustment for use of other drugs. The continued prescribing of omeprazole is not medically necessary.

Lidoderm patches, quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch), p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work injury in July 2010 and continues to be treated for low back pain with lower extremity radicular symptoms. When seen, there was decreased lumbar spine range of motion with muscle spasms and tenderness. There was right sciatic notch tenderness. Straight leg raising on the right side was positive and there was decreased right lower extremity sensation. Voltaren gel had been prescribed in December 2014. In January 2015, omeprazole was prescribed for heartburn. Medications also included Lidoderm. 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. Lidoderm is not medically necessary.

Voltaren gel 5% 1 tube: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in July 2010 and continues to be treated for low back pain with lower extremity radicular symptoms. When seen, there was decreased lumbar spine range of motion with muscle spasms and tenderness. There was right sciatic notch tenderness. Straight leg raising on the right side was positive and there was decreased right lower extremity sensation. Voltaren gel had been prescribed in December 2014. In January 2015, omeprazole was prescribed for heartburn. Medications also included Lidoderm. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has localized pain affecting the lumbar spine amenable to topical treatment and no oral NSAID medication is being prescribed. The claimant has a history of heartburn. The requested medication is medically necessary.