

Case Number:	CM15-0164512		
Date Assigned:	10/16/2015	Date of Injury:	02/07/2014
Decision Date:	11/25/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/21/2015

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 Jersey, New York
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 30-year-old female who sustained an industrial injury on 2-7-2014. Diagnoses have included low back pain, radiculopathy, sacroiliitis, neck pain, and cervical radiculopathy. MRI of 11-5-2014 is noted to have shown lumbar facet degeneration with no stenosis or foraminal encroachment. Documented treatment includes physical therapy; Toradol injections; psychotherapy; TENS unit; and, norco, cyclobenzaprine, Tizanidine; tramadol, oral NSAIDs, Flector patches, Lidoderm patches, and Omeprazole. The length of time using Lidoderm patches is not documented. Omeprazole has been prescribed for at least 6 months. There is no documentation in the provided records of gastric symptoms or response to these medications. On 6-24-2015 the injured worker was reporting low back pain characterized as sharp, shooting, throbbing, and pressure. The objective examination noted lumbar facet joint tenderness, tenderness over the left iliac spine, and positive Patrick test on the left. Pain was noted to be limiting mobility. Pain was not rated at this visit, but the 5-7-2015 note states it had been 10 out of 10 on a pain scale, and 4-27-2015 it was 7 out of 10. The treating physician's plan of care includes a request for authorization submitted 7-30-2015 for Lidoderm patch 5 percent #30, and Omeprazole 20 mg #30. These were denied on 8-4-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI, NSAIDs, GI risk.

Decision rationale: The request for Omeprazole is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The patient was on oral NSAIDs but was younger than age 65, had no history of PUD, GI bleeding or perforation, did not use aspirin, corticosteroids, or an anticoagulant, and was not on high dose of multiples NSAIDs. The patient did not have any gastric complaints. There was no clearly documented rationale for starting omeprazole. Therefore, this request is not medically necessary.

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. However, the patient does even not have documented neuropathic exam findings or diagnosis. Therefore, the request is considered medically unnecessary.