

Case Number:	CM15-0077377		
Date Assigned:	04/28/2015	Date of Injury:	06/11/2006
Decision Date:	06/05/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 37 year old female who sustained an industrial crush injury on 06/11/2006. The injured worker was diagnosed with complex regional pain syndrome, left piriformis syndrome with associated trochanteric bursitis and left common peroneal entrapment, right piriformis syndrome and associated right common peroneal entrapment, residual left ankle internal derangement, L4-L5 and L5-S1 lumbar disc disease and gastritis. The injured worker is status post decompression of the left sciatic and peroneal nerves on January 20, 2015. Treatments to date include Electromyography (EMG)/Nerve Conduction Velocity (NCV) in March 2014, right knee magnetic resonance imaging (MRI) in December 2014, surgery, piriformis trigger point injections bilaterally, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on March 30, 2015, the injured worker has completed a left piriformis release surgery and is now exhibiting similar symptoms in the right gluteal area and right leg. Examination demonstrated tenderness over the right piriformis and a palliative right piriformis trigger point injection (2nd injection) was administered at the office visit. Current medications are listed as Gabapentin and Lidoderm patches. Treatment plan consists of pending electrodiagnostic studies of the lower extremity with possible right sciatic entrapment, soft tissue ultrasound and the current request for Lidocaine pads and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Patch Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 56 of 127.

Decision rationale: This claimant was injured now 9 years ago. There has been trigger point injections and medicines. There is concern of new post surgery entrapment. Topical lidocaine in the form of pads may be 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. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately not medically necessary under MTUS.

Omeprazole 20mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

Decision rationale: This claimant was injured now 9 years ago. There has been trigger point injections and medicines. There is concern of new post surgery entrapment. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately not medically necessary based on MTUS guideline review.