

Case Number:	CM15-0091975		
Date Assigned:	05/18/2015	Date of Injury:	08/30/2006
Decision Date:	06/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/12/2015

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: California

Certification(s)/Specialty: 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 58-year-old female with an industrial injury dated 8/30/2006. The injured worker's diagnoses include degenerative disc disease of the cervical and lumbar spine , right shoulder adhesive capsulitis status post partial right rotator cuff surgery, persistent headaches, mental health disorder treated by her psychiatrist, chronic pain, bilateral knee chondromalacia patella and degenerative joint disease. Treatment consisted of diagnostic studies, prescribed medications, 20 chiropractic treatments, 24 sessions of acupuncture therapy, 20 physical therapy sessions, and periodic follow up visits. In a progress note dated 4/14/2015, the injured worker reported increasing neck and back pain. The injured worker also reported headaches and extreme fatigue. The injured worker rated current pain a 4-5/10. Objective findings revealed mid antalgic gait, tenderness to palpitation, decrease flexion/extension and decreased sensation in the cervical and lumbar spine. The treating physician prescribed Lidoderm patches 5%, 60 Omeprazole 20mg and 1 laboratory med panel now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 boxes of topical Lidoderm patches 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page 56-57. Topical Analgesics Page 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The treating physician's progress report dated 4/14/15 documented the diagnoses of degenerative disc disease of the cervical and lumbar spine, right shoulder adhesive capsulitis and status post partial right rotator cuff surgery, and bilateral knee chondromalacia patella and degenerative joint disease. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. The request for Lidoderm patches is not supported by MTUS guidelines. Therefore, the request for Lidoderm patches is not medically necessary.

60 Omeprazole 20mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The treating physician's progress report dated 4/14/15 documented that the patient was using Advil and Aleve, which are NSAIDs. Vicoprofen, which contains Ibuprofen, was prescribed. Medical records document the use of NSAIDs. Medical records indicate the use of NSAIDs, which is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Omeprazole. Therefore, the request for Omeprazole is medically necessary.

1 laboratory med panel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. The treating physician's progress report dated 4/14/15 documented that the patient was using Advil and Aleve, which are NSAIDs. Vicoprofen, which contains Ibuprofen, was prescribed. Medical records document the use of NSAIDs. MTUS recommends laboratory monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Therefore, the request for laboratory tests is supported by MTUS guidelines. Therefore, the request for laboratory med panel is medically necessary.