

Case Number:	CM15-0094442		
Date Assigned:	05/20/2015	Date of Injury:	12/01/1999
Decision Date:	07/01/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/14/2015

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: Physical Medicine & Rehabilitation

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 72 year old female, who sustained an industrial injury on 12/1/99. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculitis, gastroesophageal reflux disorder, chronic pain, and chronic nausea. Treatment to date has included a thoracic epidural steroid injection on 8/22/14, and medications including Norco and Fentanyl. A physician's report dated 4/20/15 noted pain was rated as 8/10 with medications and 10/10 without medication. Currently, the injured worker complains of neck pain that radiates to bilateral upper extremities, thoracic back pain, and bilateral leg and foot pain. Gastroesophageal reflux disease and gastrointestinal upset was also noted. The treating physician requested authorization for Lidoderm #30 and Compazine 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm #30: Upheld

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 Lidoderm patches, Lidocaine Page(s): 57,112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lidoderm.

Decision rationale: Per the 04/20/15 report the requesting physician states that the patient presents with neck pain that radiates to bilateral upper extremities, thoracic back pain, and bilateral leg and foot pain. Gastroesophageal reflux disease and gastrointestinal upset was also noted. The Current request is for Lidoderm #30. The RFA's included are dated 01/07/15 and 04/23/15. The 04/30/15 utilization review states the RFA was received 04/23/15. The patient is not working. MTUS guidelines page 57 states, "topical lidocaine 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, Pain Chapter on Lidoderm, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The treater states that Lidoderm patch has been effective in significantly reducing pain and improving function at the prescribed dose. The reports provided for review do not discuss which body parts this medication is intended to treat. The patient's listed diagnoses include Cervical and Lumbar Radiculopathy and Chronic pain, other. While this patient has neuropathic pain, Lidoderm patch is indicated for neuropathic pain that is localized and peripheral. The patient does present with pain in the bilateral upper extremities and bilateral legs and feet. However, this appears to be referred pain due to Cervical and Lumbar radiculopathy. In this case, the request IS NOT medically necessary.

Compazine 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health, website <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682116.html>.

Decision rationale: Per the 04/20/15 report the requesting physician states that the patient presents with neck pain that radiates to bilateral upper extremities, thoracic back pain, and bilateral leg and foot pain. Gastroesophageal reflux disease and gastrointestinal upset was also noted. The Current request is for COMPAZINE 10mg #30, Prochlorperazine. The RFA's included are dated 01/07/15 and 04/23/15. The 04/30/15 utilization review states the RFA was received 04/23/15. The patient is not working. The MTUS and ODG guidelines do not address Compazine/Prochlorperazine. <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682116.html>. The National Institutes of Health states this medication is for control of severe nausea and vomiting and to treat symptoms of schizophrenia and for the short term treatment of anxiety that could not be controlled by other medications. The reports provided for review show this medication has been prescribed since before 12/29/14. The treating physician does not discuss the intended use of this medication and the reports state only, "Prevacid: Compazine not on

claim, renew as previously prescribed. Beneficial with intended effect at prescribed dose." The requesting physician states in the 04/20/15 report that the patient reports frequent severe nausea and frequent severe GERD related gastrointestinal upset. The listed diagnoses include GERD Chronic nausea, History of Breast Cancer, esophagitis and NSAID intolerance. In this case, this medication is indicated for severe nausea; however, lacking a clear statement of the need for this medication, the request IS NOT medically necessary.