

<b>Case Number:</b>	CM15-0094543		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	02/19/1999
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 61-year-old female, who sustained an industrial injury on 2/19/1999. She reported repetitive type injuries resulting in upper extremity injury. Diagnoses include shoulder strain, impingement syndrome, rule out high-grade partial thickness rotator cuff tear, epicondylitis, and ulnar neuropathy. She is status post right elbow surgery. Treatments to date include ergonomic and self-care, medication, physical therapy and steroid injections. Currently, she complained of more intense and more frequent shoulder pain, with feeling of instability. Pain was rated 9/10 VAS without medication in the right shoulder and 7/10 VAS in the left shoulder. There was reported swelling and increased right elbow pain rated 9/10 VAS and swelling and numbness to bilateral wrists and hands. On 2/26/15, the physical examination documented guarded range of motion and swelling. There was tenderness to the shoulder region and right elbow. The appeal request was for a retrospective authorization for Omeprazole 20mg and Lido HCL 3% 30 ml, date of service 3/23/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Omeprazole 20mg, QTY: 180, provided on date of service: 03/23/15: 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 NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective request for Omeprazole 20mg, QTY: 180, provided on date of service: 03/23/15 is not medically necessary and appropriate.

**Retrospective request for Lido HCL 3% 30ml, QTY: 3, provided on date of service: 03/23/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111-113.

**Decision rationale:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the extremities. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Retrospective request for Lido HCL 3% 30ml, QTY: 3, provided on date of service: 03/23/15 is not medically necessary and appropriate.