

Case Number:	CM15-0108057		
Date Assigned:	06/12/2015	Date of Injury:	04/22/2007
Decision Date:	10/20/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/04/2015

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: 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 59 year old female, who sustained an industrial injury on April 22, 2007. Treatment to date has included surgical intervention and medications. Currently, the injured worker complains of issues related to the cervical and lumbar spine, hands, left leg, right arm and back. She reports that because she is favoring the left arm, her right arm is affected. She has tenderness to palpation and tightness with spasm. She has pain with range of motion and her range of motion is restricted at 50 degrees to flexion and 10 degrees to extension. She has tenderness to palpation laterally on her elbow and tenderness to palpation on her fingers. The diagnoses associated with the request include cervical strain, lumbar strain with flare-up, status post fusion of the digits, left shoulder surgery, left elbow tendonitis, ENT complaints, cardiac complaints and internal complaints. The treatment plan includes continuation of Lidoderm, Paxil, Lisinopril, Metformin, Omeprazole, Tramadol, Motrin, Voltaren and Diabetes Test Strips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinoprin 40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The clinician can always think about differential diagnoses, whether they are of an occupational or non-occupational nature. This does not have to be a long process. By stepping back and reevaluating the patient and the entire clinical picture, symptoms or physical findings may be identified that have developed since the injury and that may not be consistent with the original diagnosis. A detailed history and physical examination should be conducted. There is no documentation of a detailed history and physical examination or compensability for the request. Lisinopril 40mg #30 is not medically necessary.

Motrin 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Motrin 800mg #60 is not medically necessary.

Lidoderm patch 5% #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 Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient does not suffer from post-herpetic neuralgia or localized peripheral pain. Lidoderm patch 5% #30 is not medically necessary.

Test strip-Sugar one touch #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The clinician can always think about differential diagnoses, whether they are of an occupational or non-occupational nature. This does not have to be a long process. By stepping back and reevaluating the patient and the entire clinical picture, symptoms or physical findings may be identified that have developed since the injury and that may not be consistent with the original diagnosis. A detailed history and physical examination should be conducted. There is no documentation of a detailed history and physical examination or compensability for the request. Test strip-Sugar one touch #100 is not medically necessary.

Paxil 40mg #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 Official Disability Guidelines (ODG) Pain (Chronic), SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. The patient does not carry a diagnosis of depression. Paxil 40mg #30 is not medically necessary.

Metformin 1000mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The clinician can always think about differential diagnoses, whether they are of an occupational or non-occupational nature. This does not have to be a long process. By stepping back and reevaluating the patient and the entire clinical picture, symptoms or physical findings may be identified that have developed since the injury and that may not be consistent with the original diagnosis. A detailed history and physical examination should be conducted. There is no documentation of a detailed history and physical examination or compensability for the request and therefore it is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg #60 is not medically necessary.

Tramadol #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The examination findings provided no objective or quantitative measure of pain to determine severity. There is no documentation supporting any functional improvement with the continued long-term use of opioids. Tramadol #60 is not medically necessary.

Voltaren gel 1% #3: 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 Official Disability Guidelines (ODG) Pain (Chronic), Voltaren® Gel (diclofenac).

Decision rationale: According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment, and is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. Documentation in the medical record does not meet guideline criteria. Voltaren gel 1% #3 is not medically necessary.

