

<b>Case Number:</b>	CM13-0033478		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	08/06/2010
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 36 year old male injured on 08/06/10 due to an undisclosed mechanism of injury. Documentation indicates the patient had a contusion of the Achilles tendon and injury to the calcaneus posteriorly related to the incident in 2010; however, there is mention of a forefoot fracture, ankle sprain with ligament injury, and hyperextension injury of the 2nd, 3rd, and 4th metatarsal phalangeal joints of the same foot in 2009. It appears the patient's injuries have been treated conservatively without surgical intervention to date. The clinical note dated 01/16/14 indicates the patient reported persistent left ankle pain worsened with standing and walking. Objective findings included the patient able to stand and walk on his toes and heels with normal gait. The patient was advised to avoid repetitive stairs, hills, inclines, squatting, and bending; continue ice and brace as needed, and was not provided medications at that visit. Medications requested included Lidopro lotion, Protonix 20mg, Naproxen 550mg, and Tramadol ER 100mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PROTONIX 20MG #60 (BETWEEN 9/19/13 AND 11/23/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68-69.

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, Prospective Request For 1 Prescription Of Protonix 20mg #60 (Between 9/19/13 And 11/23/13 cannot be established as medically necessary.

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**PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF LIDOPRO LOTION 4 OZ (BETWEEN 9/19/13 AND 11/23/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CAPSAICIN, SALICYLATE, TOPICAL ANALGESIC Page(s): 28, 105, 111-113.

**Decision rationale:** Lidopro is a topical medication containing Lidocain, Capsaicin, Menthol, and Methyl Salicylate. MTUS recommends capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." Additionally, regarding salicylates:

"Recommended. Topical salicylate(e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for prospective request for 1 prescription of Lidopro lotion 4 oz (between 9/19/13 and 11/23/13) is not medically necessary at this time.

**PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TEROGIN PATCH #20 BETWEEN 9/19/13 AND 11/23/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, LIDODERM PATCHES Page(s): 111, 56-57.

**Decision rationale:** Terogin patch is topical pain patch that contains lidocaine and menthol. ODG states regarding lidocine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. As such, the request for Prospective Request for 1 Prescription of Terogin Patch #20 between 9/19/13 and 11/23/13) is not medically necessary.