

<b>Case Number:</b>	CM13-0034852		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/17/2006
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 California. 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 72-year-old female injured on 5/17/06 with chronic neck, right shoulder, and right upper extremity pain. She is diagnosed with right shoulder impingement syndrome and rotator cuff tear, cervical DDD, diabetes, and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro lotion:** 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 Page(s): 111-113.

**Decision rationale:** The patient is a 72-year-old female injured on 5/17/06 with chronic neck, right shoulder, and right upper extremity pain. She is diagnosed with right shoulder impingement syndrome and rotator cuff tear, cervical DDD, diabetes, and depression. This is a request for Lidopro lotion, a combination product containing Capsaicin, Lidocaine, Menthol, and Methyl Salicylate, which the patient is prescribed on a chronic basis. However, according to California MTUS guidelines, the only approved topical Lidocaine product is Lidoderm, which is only indicated for localized peripheral neuropathic pain, which records do not clearly establish.

Further, topical NSAIDs such as Methyl Salicylate are only indicated for short-term use and not for the spine or shoulders. Therefore the request is not medically necessary.

**Protonix 20 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S, GI and Cardiovascular Risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 67-8; 68-69.

**Decision rationale:** The patient is a 72-year-old female injured on 5/17/06 with chronic neck, right shoulder, and right upper extremity pain. She is diagnosed with right shoulder impingement syndrome and rotator cuff tear, cervical DDD, diabetes, and depression. This is a request for Protonix to protect against NSAID-induced gastritis, which the patient has had in the past according to records. According to California MTUS guidelines, PPI's such as Protonix are recommended to prevent NSAID-induced gastrointestinal side effects in patients with a history of or at high risk of such. Medical necessity is established.