

Case Number:	CM13-0063598		
Date Assigned:	12/30/2013	Date of Injury:	01/31/2007
Decision Date:	05/20/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 applicant is a represented [REDACTED] employee who has filed a claim for neck pain reportedly associated with an industrial injury of January 31, 2007. Thus far, the applicant has been treated with analgesic medications, attorney representation, reported diagnosis with contusions of multiple body parts, cervical epidural steroid injection therapy and unspecified amounts of physical therapy over the life of the claim. The applicant's case and care have apparently been complicated by comorbid diabetes and hypertension. In a utilization review report of November 27, 2013, the claims administrator denied a request for LidoPro lotion and omeprazole. The applicant's attorney subsequently appealed. A clinical progress note of November 11, 2013 is notable for comments that the applicant reports 3/10 pain. The applicant denied any side effects from medications with omeprazole. Refills of Motrin, LidoPro, and Omeprazole were apparently issued. An early note of October 10, 2013 was again notable for comments that the applicant denied any medication side effects while on omeprazole. Motrin and LidoPro were also on the medication list. The applicant's work status was not stated on this occasion. Multiple progress notes over the life of the claim were surveyed. There is no mention of reflux, heartburn, and/or dyspepsia being on any progress note provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO 4 OZ #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as LidoPro, which are, as a class, "largely experimental" per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's seeming successful usage of first-line oral ibuprofen effectively obviates the need for the topical LidoPro agent. Accordingly, the request is not medically necessary.

OMEPRAZOLE 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, the information on file does not clearly establish the presence of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. The attending provider did not clearly state why or of what purpose the Omeprazole is being provisioned. Therefore, the request is not medically necessary.