

Case Number:	CM13-0066246		
Date Assigned:	01/03/2014	Date of Injury:	09/02/2010
Decision Date:	04/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 59-year-old female who reported injury on 09/02/2010. The mechanism of injury was a trip and fall. The patient's medication history included NSAIDS and PPIs in 2012. The patient's prior treatments had been physical therapy, massage therapy and chiropractic and acupuncture treatments. Documentation submitted for review dated 10/16/2013 revealed the patient was status post right knee arthroscopy on 08/30/2013. The patient indicated that she could sleep well since the patient's pain had decreased. The pain level was 6/10. It was indicated the patient had been taking naproxen and omeprazole for managing pain with mild symptomatic relief. There were no side effects of the medication. The patient's physical examination revealed that she had tenderness to palpation in the right knee. The patient's diagnoses were noted to include right knee sprain/strain meniscal tear, left ankle sprain, obesity unspecified, hypertension, and a history of asthma. The treatment plan was to refill naproxen and omeprazole and give a trial of LidoPro ointment for topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 121 gms QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105,111,28,112. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=LidoPro>

Decision rationale: The Expert Reviewer's decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments... Lidocaine... Lidoderm... No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the patient had a trial of antidepressants and anticonvulsants that had failed. There was a lack of documentation indicating the patient had neuropathic pain and there was a lack of documentation indicating the patient had not responded or was intolerant to other treatments. Given the above, the request for LidoPro ointment 121 gm quantity 1 is not medically necessary.

Naproxen Sodium 550 mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief. There should be documentation of an objective functional improvement and objective decrease in the VAS score. The clinical documentation submitted for review indicated the patient had been on the medication since 2012. There was a lack of documentation indicating an objective improvement in function and an objective decrease in the VAS score with the use of the medication. Given the above, the request for naproxen sodium 550 mg quantity 60 is not medically necessary.

Omeprazole 20 mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The patient was

noted to be taking the medication since 2012. There was a lack of documentation indicating the efficacy of the requested medication. As the NSAID was not medically necessary, the request for omeprazole is not medically necessary. Given the above, the request for omeprazole 20 mg quantity 60 is not medically necessary.