

Case Number:	CM13-0070053		
Date Assigned:	01/03/2014	Date of Injury:	08/22/2010
Decision Date:	06/02/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/24/2013

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 Interventional Spine 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:

This patient reported a date of injury of 08/22/2010. According to report dated 12/04/2013 by [REDACTED], the patient presents with low back pain with right lower extremity symptoms. He rates his pain 8/10 on the pain scale. The patient is currently not working. In regards to medication, the patient is taking Tramadol ER 150 mg and Norco 10/325 mg, and these medications "help decrease his pain from 10/10 down to a 7/10 on the pain scale." The patient is also noted to be taking Elavil and Prilosec. The patient reports occasional GI upset with his medications and this is controlled well with using Prilosec 20 mg. The patient is using LidoPro cream once daily and it helps decrease his pain and increase his function. He denies side effects to his medications. The physician recommends a refill of Omeprazole 20 mg and LidoPro topical ointment, 4 oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT 4OZ #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section - Topical Creams Page(s): 111.

Decision rationale: This patient presents with low back pain with right lower extremity symptoms. The physician is requesting LidoPro topical ointment 4 oz, #1. LidoPro cream includes capsaicin 0.0325%, Methyl Salicylate 27.5% and Menthol 10%. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines considers doses that are higher than 0.025% to be experimental particularly at high doses. LidoPro ointment contains 0.0325% of capsaicin which is not supported by MTUS. Therefore, the request for LidoPro Topical Ointment 4oz #1 is not medically necessary or appropriate.

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 Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 68.

Decision rationale: This patient presents with low back pain with right lower extremity symptoms. The physician is requesting a refill of Omeprazole 20 mg #60. Medical records indicate the patient has "occasional GI upset with his medications." The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The physician does note the patient has occasional GI upset. However, there is no GI risk assessment provided and there is no documentation that the patient is taking any NSAIDs. The physician does not explain what medication is causing the patient's GI complaints and with what reason. Therefore, the request for Omeprazole 20mg #60 is not medically necessary and appropriate.