

<b>Case Number:</b>	CM14-0005254		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 and is licensed to practice in Minnesota. 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 injured worker is a 51-year-old female who reported injury on 08/01/2009. The mechanism of injury was a fall that resulted in a loss of consciousness for 30 minutes. Prior therapies include physical therapy, medication, local injections, and acupuncture. The clinical documentation of 03/11/2013 revealed the injured worker was advised to discontinue all oral medications and was to have a GI workup. The clinical documentation dated 11/15/2013 revealed the injured worker had not taken pain medications due to an elevated liver function test in 08/2013 and as of the date of the office visit the liver function test came back to normal and the injured worker was taking high blood pressure and diabetes medications. The injured worker's pain was noted to be a 6. The injured worker had tenderness to palpation in the cervical and lumbar paraspinal muscles. The diagnoses included cervical degenerative disc disease, cervical radiculitis, cervicgia/neck pain, lumbar sprain/strain. The treatment plan included restart medications of naproxen 550 mg 1 by mouth twice a day, omeprazole 1 by mouth twice a day for prophylactic gastritis from NSAID, and Lidopro ointment for topical analgesic. The documentation in appeal dated 01/14/2014 revealed an appeal for the omeprazole and Lidopro topical ointment. The physician provided quotes from the California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO LIDOPRO TOPICAL OINTMENT 4OZ DOS 11/15/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-112

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Salicylates, Topical Analgesic, Topical Capsai.

**Decision rationale:** The 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 injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. The request as submitted failed to indicate the frequency for the requested medication. This medication was a new medication for this injured worker. However, as the injured worker did not meet the above criteria, the request for retro Lidopro topical ointment 4 ounces date of service 11/15/2013 is not medically necessary.

**RETRO OMEPRAZOLE 20MG BID DOS 11/15/2013 QTY: 60.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68-69

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

**Decision rationale:** The California MTUS Guidelines recommend PPI for the treatment of dyspepsia secondary to NSAID therapy. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. The clinical documentation indicated the injured worker was to have a GI consult and GI workup as of the note of 03/11/2013. The results of that consultation were not provided for review. There was no indicated that the injured worker had signs or symptoms of dyspepsia. There request was made for gastroprotection. The duration of use was noted to be a new medication starting on 11/15/2013. The request as submitted failed to indicate a necessity for twice a day dosing. The California MTUS Guidelines recommend it for once a day dosing. Given the above, the request for retro omeprazole 20 mg twice a day DOS 11/15/2013 is not medically necessary.

