

<b>Case Number:</b>	CM14-0102834		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/02/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 and Rehabilitation 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 injured worker is a 31-year-old male. The mechanism of injury was not provided. The injured worker was noted to have undergone an EMG/NCV (electromyography/nerve conduction study) in the bilateral lower extremities and an MRI of the lumbar spine. The documentation indicated the injured worker was utilizing the medication since at least 04/2014. The prior treatments included a home exercise program and a TENS unit as well as physical therapy. The documentation of 06/02/2014 revealed the injured worker had continued complaints of low back pain radiating to the lower extremities with numbness and tingling. The injured worker indicated the pain had been well controlled and the medications helped with pain over 50%. There were no side effects noted. The documentation indicated the injured worker was utilizing Lidopro ointment, and it was very helpful and effectively managed his pain to keep his pain under control. The objective findings revealed the injured worker had complaints of tightness in the back with the straight leg raise. The diagnoses included lower back pain, lumbosacral and thoracic neuritis or radiculitis, lumbar facet syndrome, left sided lumbar radiculopathy with myofascial pain. The treatment plan included a continuation of a home exercise program, TENS unit and self-care, a refill of diclofenac ER 100 mg 1 by mouth every day, omeprazole 20 mg 1 by mouth twice a day for prophylactic gastritis from NSAIDs, Lidopro ointment for topical analgesics, TENS patches and topiramate 25 mg 1 by mouth twice a day due to lumbar radiculopathy. There was a DWC form RFA (request for authorization) submitted for the requested medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lidopro 121g: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Compounded Medications; Non-steroidal antiinflammatory agents (NSAIDs); Capsaicin (topical). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** The California MTUS guidelines indicate 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. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin norepinephrine reuptake inhibitor) anti-depressants or an AED (anti-epilepsy drug) such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The 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 indicated the medication was effective in assisting the injured worker with his pain. However, there was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. The clinical documentation indicated the injured worker was utilizing the medication since at least early 2014. Given the above, the request for Lidopro 120g is not medically necessary.

## **Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): PPI.

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

**Decision rationale:** The California MTUS Guidelines recommend PPIs (proton pump inhibitors) for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation

submitted for review indicated the injured worker had been utilizing the medication. The documentation indicated it was for prophylaxis gastritis from NSAIDs. There was a lack of documentation indicating the efficacy for the requested medication. The duration of use was noted to be at least 2 months. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20mg, #60 is not medically necessary.