

Case Number:	CM14-0014424		
Date Assigned:	02/28/2014	Date of Injury:	07/27/2012
Decision Date:	08/01/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 patient is a 26-year-old female who has submitted a claim for contusion of left side of the breast, left breast pain, depression, and insomnia associated with an industrial injury date of 7/27/12. Medical records from 2013 were reviewed, which revealed persistent left breast pain located on left outer upper quadrant. Occasionally, pain radiates to her left shoulder, left hand and left upper extremity. Pain was rated at 7-8/10. Physical examination of left breast showed tenderness on the left upper quadrant. No masses or lumps were noted. No abnormalities on the left breast were seen. The right breast was normal. No axillary lymphadenopathy noted. Treatment to date has included intake of medications namely, Tramadol, Topiramate, Ambien, Flexeril and Menthoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient was prescribed Omeprazole, a proton pump inhibitor since at least 12/31/13 for stomach upset. However, there was no mention in the medical records that she is currently taking NSAID. In addition, the request did not mention the quantity of medication to be dispensed. Therefore, the request is not medically necessary.

Lidopro topical ointment 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Lidopro Ointment contains four active ingredients: Capsaicin in a 0.0325% formulation, Lidocaine in a 4.5% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 27.5% formulation. The California MTUS Chronic Pain Medical Treatment Guidelines state that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. The Chronic Pain Medical Treatment Guidelines state that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding Menthol, the California MTUS does not cite specific provisions, but the Official Disability Guidelines state that the FDA has issued an alert in 2012 indicating that topical over-the-counter pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding Methyl Salicylate, the California MTUS states that salicylate topical are significantly better than placebo in chronic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro ointment contains lidocaine that is not recommended for topical use. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request is not medically necessary.