

<b>Case Number:</b>	CM14-0014428		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	05/21/2008
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 44-year-old female, who has filed a claim for cervical degenerative disc disease associated with an industrial injury date of May 21, 2008. The review of the progress notes indicates pain to the right shoulder, upper back, and low back. The findings include decreased range of motion and tenderness of the cervical, thoracic, and lumbar spine. The patient is working full time. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, topical analgesics, sedatives, therapeutic ultrasound to the back, trigger point injections to the back, topiramate, muscle relaxants, home exercise program, and TENS. The utilization review from February 04, 2014 denied the retrospective requests (DOS 01/17/14) for LidoPro ointment as there is no guideline evidence to support this; paraffin bath and paraffin as there was no documentation of arthritis of the hands; and omeprazole 20mg #60 as the patient is not currently on NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro ointment 121 grams QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals; Topical analgesics Page(s): 28, 105, and 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

**Decision rationale:** An online search indicates that Lidopro is composed of capsaicin 0.325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. The Chronic Pain Guidelines indicate that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, the guidelines state that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, the guidelines indicate that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, the guidelines do not cite specific provisions, but the Official Disability Guidelines indicate that the FDA has issued an alert in 2012 indicating that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, the guidelines state that salicylate topicals are significantly better than placebo in chronic pain. In this case, there is no documentation of failure of or intolerance to conventional oral pain medications. Also, there is no support for the topical use of lidocaine. Therefore, the request is not medically necessary.

**Paraffin bath for home use QTY: 1.00:** 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), Work Loss Data Institute, Forearm, Wrist, and Hand (Acute & Chronic), updated 05/08/2013.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand chapter, Paraffin wax baths.

**Decision rationale:** The Official Disability Guidelines indicate that paraffin wax baths are recommended as an option for arthritis baths if used as an adjunct to a program of evidence-based conservative care (exercise). There is no documentation that the patient has arthritis of the hands to support this request. Therefore, the request is not medically necessary.

**Paraffin, per pound QTY: 1.00:** 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), Work Loss Data Institute, Forearm, Wrist, and Hand (Acute & Chronic), updated 05/08/2013.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand chapter, Paraffin wax baths.

**Decision rationale:** The Official Disability Guidelines indicate that paraffin wax baths are recommended as an option for arthritis baths if used as an adjunct to a program of evidence-based conservative care (exercise). There is no documentation that the patient has arthritis of the hands to support this request. Therefore, the request is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The Chronic Pain Guidelines indicate that proton pump inhibitors (PPIs) should be prescribed in patients on non-steroidal anti-inflammatory drug (NSAID) therapy, who are at risk for gastrointestinal (GI) events. The risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of aspirin (ASA), corticosteroids, or anticoagulant; and high dose or multiple NSAID use. The use of a PPI for more than one (1) year has been shown to increase the risk of hip fracture. In this case, there is no documentation that the patient is currently on NSAID therapy. Also, patient does not present with GI risk factors or symptoms to support the necessity of this medication. Therefore, the request is not medically necessary.