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| <b>Case Number:</b>   | CM14-0111901 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 05/15/2013 |
| <b>Decision Date:</b> | 12/23/2014   | <b>UR Denial Date:</b>       | 07/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/17/2014 |

### 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 45 year-old female with a history of a work injury occurring on 05/15/13 when, while putting items into a dish-washing machine, she had right upper extremity pain. Three days later she developed neck pain. Treatments included physical therapy and acupuncture. The claimant was seen on 01/04/14. She was having neck pain radiating into the right upper extremity. Pain was rated at 7/10. Treatments had included medications, acupuncture, and TENS. Medications were providing 40-50% pain relief. Physical examination findings included positive Phalen's and Finkelstein tests. There was cervical spine paraspinal muscle. Naprosyn 550 mg two times per day, Topamax 50 mg two times per day, Menthoderm, and omeprazole 20 mg two times per day were prescribed. On 02/19/14 she was having neck pain radiating into her upper extremities rated at 8/10. Physical examination findings included decreased right upper extremity sensation. Authorization for additional testing and an epidural injection was requested. Tramadol was prescribed. On 03/20/14 she was having neck pain radiating to her right hand. Medications were providing 50-55% pain relief. She was not having any medication side effects. On 04/17/14 she was having constant neck pain radiating into the right upper extremity to her hand. Physical examination findings included cervical spine tenderness. She was noted to have an elevated blood pressure. NSAID medication was discontinued due to hypertension. Work restrictions were continued. She was seen on 04/29/14. She was having ongoing radiating neck and right upper extremity pain rated at 9-10/10 and right upper extremity numbness and tingling with weakness. Physical examination findings included slight cervical paraspinal muscle tenderness. There was right wrist tenderness. Testing was incomplete due to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 121gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 60.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic radiating neck pain. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro is not medically necessary.

**Omeprazole 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic radiating neck pain. Medications have included Naprosyn taken at a therapeutic dose which was discontinued due to hypertension. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. She is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. She is no longer on a non-steroidal anti-inflammatory medication. There is no documentation of ongoing dyspepsia secondary to NSAID therapy. In this scenario, guidelines do not recommend that a proton pump inhibitor such as omeprazole be prescribed. Therefore the request is not medically necessary.