

<b>Case Number:</b>	CM14-0127807		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	03/09/2014
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Nevada. 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 records presented for review, indicate that this 45-year-old female was reportedly injured on 3/9/2014. The mechanism of injury was noted as a fall. The most recent progress note, dated 6/11/2014, indicated that there were ongoing complaints of low back pain, right hip, knee, and ankle pain. The physical examination demonstrated lumbar spine positive tenderness to palpation to the lower lumbar facet regions bilaterally. Limited range of motion. Decreased sensation at L4-S1 dermatome was on the right. Right lower extremity was 4/5 muscle strength, which is limited by pain. No recent diagnostic studies are available for review. Previous treatment included medication and conservative treatment. A request had been made for Lidopro topical ointment, Omeprazole 20 mg #60, and Naproxen 550 mg #60 and was not found to be medically necessary in the pre-authorization process on 7/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Lidopro Topical Ointment 4oz #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

**Decision rationale:** Lidopro is a topical compounded preparation containing Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. MTUS guidelines state that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines note there is little evidence to support the use of topical lidocaine or menthol for treatment of chronic neck or back. As such, this request is not considered medically necessary.

**Retrospective Omeprazole 20mg #60 (dispensed on 06/11/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and GI risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records fails to document any signs or symptoms of gastrointestinal (GI) distress, which would require proton pump inhibitor (PPI) treatment. As such, this request is not considered medically necessary.

**Retrospective Naproxen Sodium 550mg #60 (dispensed on 6/11/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

**Decision rationale:** Naproxen is recommended as an option. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. See NSAIDs (non-steroidal anti-inflammatory). It is recommended as an option. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. After reviewing the medical records provided, the injured worker's diagnosis is not associated with osteoarthritis. Therefore, this request is deemed not medically necessary.