

Case Number:	CM14-0134010		
Date Assigned:	08/27/2014	Date of Injury:	05/19/2007
Decision Date:	09/29/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/18/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 53-year-old who sustained a work related injury on May 19, 2007. Subsequently, he developed neck and low back pain. According to the progress report dated June 11, 2014, the patient reported continuous neck and low back pain with limitation of his activity. He rated the pain at 7-8/10. He also has burning pain extending to his feet with numbness into his toes greater on the left side. He also has numbness into his hands. His physical examination revealed tenderness in the cervical and lumbar spine with reduced range of motion and spasm. He has decreased sensation of the left L4 and L5 dermatomes. Electrodiagnostic testing dated April 17, 2012 showed no signs of lumbar radiculopathy or peripheral neuropathy. The patient was diagnosed with low back pain and cervical stenosis. Prior treatments included acupuncture therapy, medications (Omeprazole, Metronidazole, Clarithromycin, Tetracycline, Robaxin, Norco, and Medox patches), heat application, and home exercise program. The patient was intolerant to oral medications due to gastrointestinal complaints. The provider requested authorization for LidoPro topical ointment and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical ointment 4 oz, one bottle, provided on June 11, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,111,112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Therefore, the request for LidoPro topical ointment 4 oz, one bottle, provided on June 11, 2014, is not medically necessary or appropriate.

Omeprazole 20 mg, sixty count, provided on June 11, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs, GI & Cardiovascular risk Page(s): 68 tp 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA [acetylsalicylic acid]). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Although the patient has a history of gastritis, there is no documentation that the patient is taking NSAID. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Omeprazole 20 mg, sixty count, provided on June 11, 2014, is not medically necessary or appropriate.