

<b>Case Number:</b>	CM14-0178839		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	06/17/2010
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 45 year old female with an injury date of 06/17/10. Based on the 09/22/14 progress report provided by [REDACTED] the patient complains of low back pain rated 6/10, left knee and left hip pain rated 8/10, and left ankle pain rated 5/10. The patient is wearing a CAM boot and ambulating with crutches. The pain is made better with rest and medication. Treater states in progress report dated 10/16/14 that "patient has been prescribed Tramadol and Omeprazole, as there are no signs of abuse, overuse or adverse reactions and it does control her pain from 8/10 down to 5/10 allowing her to ambulate with crutches for 30 minutes opposed to 15 minutes without having to stop secondary to pain." Urine toxicology screen was collected as part of a pain management agreement during opioid therapy on 10/16/14. The patient is not currently working. Per progress report 11/10/14 (post UR date of 10/06/14), the patient is status post right Achilles tendon repair 09/17/14. Diagnosis 09/22/14, 11/10/14- right Achilles tendinosis and tendinitis- right knee pain secondary to compensatory factors- right hip pain secondary to compensatory factors- gastroesophageal reflux diseaseThe utilization review determination being challenged is dated 10/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with low back pain rated 6/10, left knee and left hip pain rated 8/10, and left ankle pain rated 5/10. The request is for Omeprazole 20 mg #90. Per progress report 11/10/14, the patient is status post right Achilles tendon repair 09/17/14. Patient's diagnosis dated 09/22/14 and 11/10/14 included right Achilles tendinosis and tendinitis, right knee and right hip pain secondary to compensatory factors, and gastroesophageal reflux disease. Regarding NSAIDs and GI/CV (gastrointestinal/cardiovascular) risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater states in progress report dated 10/16/14 that patient has been prescribed Tramadol and Omeprazole without adverse reactions. The patient had a diagnosis of GERD on 09/22/14 and 11/10/14. However, based on guidelines, he is not on oral NSAIDs to consider PPI for prophylactic use. The request is not medically necessary.

**Kera-Tek Analgesic Gel, 4oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with low back pain rated 6/10, left knee and left hip pain rated 8/10, and left ankle pain rated 5/10. The request is for Kera-Tek Analgesic Gel, 4oz. Per progress report 11/10/14, the patient is status post right Achilles tendon repair 09/17/14. Patient's diagnosis dated 09/22/14 and 11/10/14 included right Achilles tendinosis and tendinitis, right knee and right hip pain secondary to compensatory factors. Regarding topical analgesics, MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition, however the treater does not document how this topical is being used with what efficacy. MTUS page 60 require recording of pain and function when medication is used for chronic pain. The request is not medically necessary.

**Diclofenac/Lidocaine Cream 3%/5%. 180gm right ankle/knee/hip:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication Page(s): 111.

**Decision rationale:** The patient presents with low back pain rated 6/10, left knee and left hip pain rated 8/10, and left ankle pain rated 5/10. The request is for Diclofenac/Lidocaine 3%/5%, 180gm right ankle/knee/hip. Per progress report 11/10/14, the patient is status post right Achilles tendon repair 09/17/14. Patient's diagnosis dated 09/22/14 and 11/10/14 included right Achilles tendinosis and tendinitis, right knee and right hip pain secondary to compensatory factors. The MTUS has the following regarding topical creams (p111, chronic pain section): " Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Requested topical ointment contains Lidocaine which is not indicated by MTUS in lotion form. The request is not medically necessary.