

Case Number:	CM14-0045680		
Date Assigned:	07/02/2014	Date of Injury:	03/02/2013
Decision Date:	08/25/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 52-year-old male who has submitted a claim for sprain and strain of right lower extremity with possible neuropathic pain and myofascial pain associated with an industrial injury date of 03/02/2013. Medical records from 09/27/2013 to 07/02/2014 were reviewed and showed that patient complained of right foot pain graded 5/10 with tingling and numbness on right lower extremity. Physical examination revealed normal gait. Large discoloration of the skin and vascular change on right lower extremity was noted. Treatment to date has included Topiramate, Menthoderm, Biofreeze, Tramadol, and Naproxen. Utilization review dated 03/25/2014 denied the request for Lidopro 4 oz #1 because Lidopro is recommended only for localized Neuropathic pain. Utilization review dated 03/25/2014 denied the request for Tramadol ER 150mg #30 because Tramadol is not a first-line analgesic. Utilization review dated 03/25/2014 denied the request for Omeprazole 20mg #60 because there was no clear documentation of support for gastrointestinal prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4oz, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, page 28; Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Salicylate.

Decision rationale: Lidopro Ointment contains 4 active ingredients; Capsaicin in a 0.0325% formulation, Lidocaine in a 4.5% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 27.5% formulation. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Regarding the capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. The Official Disability Guidelines (ODG) Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where over-the-counter (OTC) topical muscle and joint pain relievers were applied. These products contain the active ingredients menthol, methyl salicylate, or capsaicin. In this case, the patient was prescribed a menthol/methyl salicylate cream since 10/22/2013 with no documentation of pain relief. There was no documentation of oral intolerance to pain medications. It is unclear as to why Lidopro is needed despite risk for adverse effects. The medical necessity has not been established. Moreover, capsaicin in 0.0325% formulation is not recommended by the guidelines. Therefore, the request for Lidopro 4oz, #1 is not medically necessary and appropriate.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: According to pages 79-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been prescribed Tramadol (duration, frequency, and quantity not made available) since 10/22/2013. In this case, there was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are all required to support continuation of Tramadol. The medical necessity has not been established. Therefore, the request for Tramadol ER 150mg #30 is not medically necessary and appropriate.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, there was no documentation of gastrointestinal disturbances due to oral medications. The patient does not meet the aforementioned criteria for proton pump inhibitor prophylaxis. Therefore, the request for Omeprazole 20mg #60 is not medically necessary and appropriate.