MAXIMUS Federal Services

Case Number:	CM14-0047650		
Date Assigned:	07/07/2014	Date of Injury:	05/19/2007
Decision Date:	08/21/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopedic surgery and is licensed to practice in Arizona. 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:

This is a 54-year-old male who sustained an injury on 5/19/2007. According to an examination dated 1/22/2014, the injury resulted in the patient having chronic neck and low back pain with burning pain extending to his feet and numbness into his toes. The left side is greater than the right. He is using Prilosec and Terocin patches and this seems to help. Examination revealed an antalgic gait, limitation of range of motion of the cervical and lumbar spine, decreased sensation over the left L4 and L5 dermatomes and weakness in the left hamstrings, anterior tibial, extensor hallucis longus muscles. Patient has a history of depression. In addition, the patient has also had stomach problems in the past that were thought to be due to the use of non-steroidal anti-inflammatory drugs (NSAIDs). However, a gastrointestinal (GI) evaluation revealed that the patient has a chronic infestation of H. pylori. His GI symptoms were attributed to this and this was considered a nonindustrial issue, not related to his injury. The patient is not on NSAIDs at the present time but is still taking omeprazole. He is also using Lidopro cream and a request is made to continue these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69.

Decision rationale: The chronic pain guidelines recommend the use of a protein pump inhibitor e.g. Omeprazole when there is an intermediate or high risk for gastrointestinal events while taking NSAIDs. Recent studies show that H. Pylori do not act synergistic with NSAIDs in developing gastro-duodenal lesions. This patient is not taking NSAIDs any longer. Whatever gastrointestinal issues the patient has are attributed to his chronic infestation of H. Pylori which is not considered industrially related. Therefore, the medical necessity for continuing this patient on Omeprazole has not been established.

LidoPro topical cream 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, NSAIDS, GI symptoms and cardiovascular risk and Anti-inflammatory Medications Page(s): 22; 67-68; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines ,Pain chapter, Topical analgesics and Topical analgesics compounds.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Lidopro is a compounded topical cream which includes Lidocaine 4.5%, Methyl Salicylate, Capsaicin 0.0375%, and Menthol. According to the chronic pain guidelines these products are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. The FDA has only approved it for post herpetic neuralgia and it has an off label for diabetic neuropathy. It is not recommended for non-neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant of other treatments. There are no studies of the 0. 0375% formulation of capsaicin and there is no current indication that this increase over the 0.025 percent formulation would provide any further efficacy. The higher dose capsaicin is still considered experimental. Methyl salicylate is recommended for chronic pain. There is no documentation that the patient has had a trial of anticonvulsive or anti-depressive medication. In addition, although methyl salicylate is recommended for chronic pain, the use of 0.375% Capsaicin is considered experimental and the use of lidocaine is only considered after first line therapy has failed. There is no documentation that the patient has had a trial of antidepressant or anticonvulsant medication and what the results of this trial were. Therefore, the medical necessity for using this compounded product has not been established.