

<b>Case Number:</b>	CM14-0059972		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Occupational Medicine 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:

This is a 47-year-old male with a date of injury of 9/15/13. The mechanism of injury occurred when he was working and lifting a heavy bag on top of his shoulder, the bag became unstable while on top of his shoulder. While attempting to prevent the bag from falling, he injured his right shoulder and wrist. On 3/20/14, he had an intra-articular injection with good results. Objective findings revealed decreased range of motion in the right shoulder. The diagnostic impression is impingement syndrome of right shoulder, and rotator cuff tear. Treatment to date: medication management, physical therapy, occupational therapy. A UR decision dated 4/16/14 denied the request for Lidopro cream #1 and Omeprazole 20mg #60. The Lidopro cream was denied because topical lidocaine in the form of a cream and or ointment is not supported by guidelines. Only the dermal patch is supported by guidelines. Guidelines only support the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tri-cyclic or SNRI anti-depressant or an AED such as gabapentin or Lyrica. The medical records provided do not endorse failure of trials of oral analgesics such as antidepressants or anticonvulsants for localized peripheral pain. Also, there are no examination findings to indicate neuropathic pain. The Omeprazole was denied because the medical records do not describe the patient having gastrointestinal (GI) issues or GERD and the patient is not at risk for a GI bleed or ulcer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia, Serrata, Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, Lidopro is a compounded ointment containing capsaicin, lidocaine, menthol, and methyl salicylate. Both capsaicin and lidocaine are not supported by guidelines and any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is only supported as a transdermal patch, not in the form of cream and/or ointment. Therefore, the request for Lidopro cream #1 was not medically necessary.

**Omeprazole 20mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, FDA Prilosec.

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The FDA states that it is indicated for the treatment of GI disorders such as gastric/duodenal ulcers, GERD, etc. It is also commonly utilized to prevent/treat gastric irritation common in patients utilizing chronic NSAID therapy. It was noted that on 3/20/14, the provider prescribed Naproxen 550mg #60, along with the Omeprazole 20mg #60. Therefore, the request for Omeprazole 20mg #60 is medically necessary.