

<b>Case Number:</b>	CM14-0069093		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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:

Injured worker (IW) is a 31 year old female who sustained an industrial injury on 11/05/12 when she fell into the opening between a loading dock and truck. 10/08/13 office note documented complaints of right shoulder and right leg pain. Current medication included Motrin. Past medical history and review of systems were negative for gastrointestinal complaints and the abdominal exam was normal. 11/22/13 electrodiagnostic studies were interpreted as consistent with right sided L4 radiculopathy. 01/24/14 lumbar MRI was negative. 04/16/14 office note stated that medications, TENS, and physical therapy helped with right shoulder pain. On exam, range of motion was limited. IW was returned to modified duty, with limitations on lifting, push/pull, and work above shoulder level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Definitions; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 1; 67-68 of 127.

**Decision rationale:** For treatment of osteoarthritis, MTUS recommends use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. (Current pain levels are not documented.) MTUS recommends short-term use of NSAIDs for chronic low back pain or acute exacerbations of low back pain, but does not support chronic use of NSAIDs for low back conditions. MTUS supports a functional restoration approach to treatment of chronic pain, and defines functional improvement as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued medical treatment." Given the lack of documented symptomatic or functional improvement with NSAID use in this case, medical necessity is not established for the requested Naproxen.

**Omeprazole 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69 of 127.

**Decision rationale:** MTUS recommends use of a proton pump inhibitor (PPI) for patients who are at risk for gastrointestinal adverse events with NSAID use, or for patients who report dyspepsia on NSAIDs. Neither of these situations is documented in this case, and no condition is documented for which use of a PPI would be indicated. Medical necessity is not established for the requested Omeprazole.

**Lidopro 121 g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113 of 127.

**Decision rationale:** The active ingredients of Lidopro Ointment [REDACTED] include capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. MTUS recommends consideration of capsaicin for patients who have not responded or are intolerant to other treatments. Lack of response or intolerance to other treatments is not documented. MTUS states "There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." MTUS does not recommend topical lidocaine unless there has been a previous trial of a first-line medication for neuropathic pain. Previous trial of a first-line agent such as an oral antidepressant or antiepilepsy medication is not documented. In addition, Lidoderm patch is the only form of topical lidocaine recommended by MTUS for treatment of chronic pain. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Because the requested Lidopro ointment contains ingredients not

recommended by MTUS, it is not recommended by MTUS. Medical necessity is not established for the requested Lidopro.