

<b>Case Number:</b>	CM14-0070119		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 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:

According to the available documents, this is a 60-year-old male with a date of injury of 10/28/13. He reportedly injured his back while lifting and twisting with a heavy trash can. There is a PR-2 of 4/14/14 which indicates patient was having continued low back pain radiating to the lower extremities bilaterally. He stopped taking ibuprofen which had been prescribed by the PCP (primary care physician) because it was giving him stomach pain. Objectively there is decreased lumbar range of motion with flexion and tenderness in the lumbar paraspinal muscles. Diagnoses were lumbago, lumbar disc displacement without myelopathy, history of left carpal tunnel syndrome release, left anterior fascicular heart bloc, lumbar radiculopathy and hypercholesterolemia nonindustrial. Patient was given refills of omeprazole #60 20 mg 1 twice a day and lidopro ointment for topical use. PT (physical therapy) had been authorized and was pending. No other medications were mentioned as being used at that time. A PR-2 of 3/3/14 stated the patient said he is using medications sparingly and that he was complaining of abdominal distention due to medications and flatulence. There was a diagnosis of dyspepsia due to NSAIDs. Patient was given prescriptions for meloxicam another nonsteroidal anti-inflammatory drug used once a day (with 4 refills) and omeprazole 20 mg twice a day #60. An 11/25/13 PR-2 indicated that at that time the patient was taking Naproxen and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Part 2, page 68.

**Decision rationale:** MTUS guidelines support use of omeprazole for prophylaxis when there are increased risk factors for gastrointestinal side effects. This patient was started on Naprosyn twice a day as needed and omeprazole 20 mg twice a day per the PR-2 of 11/25/13. At some point, he developed some gastrointestinal complaints and was reportedly saw his primary care physician for stomach pain from ibuprofen which he stopped. He was being prescribed different anti-inflammatories for the work-related injury. Regardless, at the time of the prescription of the omeprazole on 4/14/14 there is no indication that the patient was actively using any nonsteroidal anti-inflammatory medication nor was there any indication that he had any ongoing gastrointestinal complaints. Therefore, at that point there would be no rationale to continue with the omeprazole as gastrointestinal prophylaxis would no longer be indicated. Thus, based upon the evidence and the guidelines, the omeprazole is not medically necessary.

**Lidopro Ointment Consists of capsaicin 0.0325%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Part 2, pages 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/sfx/lidopro-side-effects.html>.

**Decision rationale:** According to the above website, this is a topical preparation which contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. MTUS guidelines do support use of topical capsaicin unless other treatments have failed, not documented here. Guidelines also do not support use of the 0.0325% strength of capsaicin. Lidocaine is only supported for topical use in a patch for peripheral neuropathic pain, not documented here. Guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Thus, based upon the evidence and guidelines, this request is not considered to be medically necessary.