

<b>Case Number:</b>	CM14-0073135		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/22/2008
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 48-year-old male who has submitted a claim for chronic pain syndrome, pain in thoracic spine, associated with an industrial injury date of May 22, 2008. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 04/25/2014, showed diffuse thoracic back pain. The pain was described as aching and stabbing sensation in the primary area of discomfort. The pain was exacerbated by periods of increased activity and lifting objects. The pain was partially relieved by the use of analgesic and maintaining a restful position. Physical examination revealed the patient's gait and movements were within baseline for their level of function. The neurological system was intact without apparent gross deficiencies that were altered from the baseline level of function. The past medical history documented GI bleeding from non-steroidal anti-inflammatory drug-induced cecal ulceration and gastritis in August 2011. Treatment to date has included physical therapy, TENS, chiropractic treatment, and medications which include Omeprazole since November 2009 and Lidocaine since January 2011. Utilization review from 05/07/2014 denied the request for the purchase of Lidocaine 5% ointment because topical analgesics are largely experimental. It was not supported in regions of the body that were not amenable to treatment. No other commercially approved topical formulations of Lidocaine whether creams, lotions, or gels were indicated for neuropathic pain or back pain complaints. The request for Omeprazole DR 40mg capsules, 1 capsule QHS #30 was denied because there were no physical objective physical examination findings or documentation of a past medical history of GI symptoms to support the medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% ointment:** Upheld

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

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

**Decision rationale:** According to pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical formulations of Lidocaine and Prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Guidelines also state that no other commercially approved topical formulations of Lidocaine, other than Lidocaine dermal patch (Lidoderm), are indicated for neuropathic pain. In this case, the patient has been on Lidocaine ointment since at least January 2011; however, Lidocaine is not recommended for topical use. Moreover, the request did not specify the prescribed quantity. The request is incomplete. Therefore, the request for Lidocaine Ointment 5% ointment is not medically necessary.

**Omeprazole DR 40 mg, QTY: 30:** Overturned

**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 & cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal risk factors include: (1) Age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. In this case, patient was on Omeprazole since November 2009 and medical records revealed a past medical history of GI bleeding from non-steroidal anti-inflammatory drug-induced cecal ulceration and gastritis in August 2011. The patient is has intermediate risk for gastrointestinal events which may necessitate a proton pump inhibitor. Therefore, the request for purchase of Omeprazole DR 40 mg, QTY: 30 is medically necessary.