

<b>Case Number:</b>	CM14-0075219		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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:

The patient is a 55-year-old male who has submitted a claim for lumbalgia/lumbar intervertebral disc, lumbar discogenic Syndrome, lumbosacral or thoracic neuritis associated with an industrial injury date of 04/19/2012. Medical records from 01/17/2013 to 04/22/2014 were reviewed and showed that patient complained of low back pain which radiated down bilateral legs. Of note, patient complained of heartburn (06/07/2013). Physical examination revealed tenderness to palpation over the entire parafacet region and bilateral paraspinal region of the lumbosacral spine. Decreased lumbar spine ROM was noted. SLR test was positive at 80 degrees bilaterally. MMT was 4/5 in the right lower extremity when testing for the strength of the major muscle groups of the hip, knee, and ankle. Muscle strength was 5/5 in the left lower extremity. DTRs were 0 to 1+ in the right lower extremity and 1+ in the left lower extremity. Sensational deficit to light touch at right L4-L5 and L5-S1 dermatomal distribution was noted. Intact sensation to light touch of the left lower extremity was noted. MRI of the lumbar spine dated 05/30/2012 revealed L4-5 dorsal dorsal ligamentous herniation and moderately severe to severe narrowing of the central canal and L5-S1 advanced spondylosis, high-grade bilateral subarticular stenosis and moderately severe left foraminal stenosis. Treatment to date has included Lidopro 10/29/2013, Prilosec 20mg #60 QD-BID (06/07/2013), unspecified sessions of TENS, and pain medications. Of note, patient refused physical therapy (03/07/2014). Utilization review dated 04/22/2014 denied the request for Lidopro 121g because it appeared that the patient was able to tolerate oral medications. Utilization review dated 04/22/2014 denied the request for Omeprazole 20mg #60 because there was no indication that the patient suffered from gastrointestinal risk factors. Utilization review dated 04/22/2014 denied the request for TENS unit x 2 because there was lack of specific documentation on the efficacy as well as objective functional improvement with continued use of TENS unit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lidopro 121g:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Salicylate ,Topical.

**Decision rationale:** Lidopro Ointment contains 4 active ingredients; Capsaicin in a 0.0325% formulation, Lidocaine in a 4.5% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 27.5% formulation. Regarding the Capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of Lidocaine for compounded products, and Lidocaine is not recommended for topical use. ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where over-the-counter (OTC) topical muscle and joint pain relievers were applied. These products contain the active ingredients menthol, methyl salicylate, or Capsaicin. In this case, Lidopro contains Lidocaine which is not recommended for topical use. The Capsaicin component of Lidopro is beyond guidelines recommendation as well. Therefore, the request for Lidopro 121g is not medically necessary.

### **Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: PPI (Proton Pump Inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, patient was prescribed Prilosec 20mg #60 since 06/07/2013. There was documentation of heartburn complaint (06/07/2013). However, recent progress reports failed to provide evidence of symptom relief attributed to Omeprazole. The medical necessity cannot be established due to insufficient

information. Therefore, the request of prescription for Omeprazole 20mg #60 is not medically necessary.

**TENS (Transcutaneous Electrical Nerve Stimulation) x 2: 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 TENS Page(s): 114-116.

**Decision rationale:** According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, patient has undergone unspecified sessions of TENS treatment. However, the duration, frequency, and functional outcome were not documented to support the continuation of TENS treatment per guidelines requirement. Moreover, it was noted that patient refused physical therapy (03/07/2014). The guidelines do not recommend use of TENS as single mode for treatment. The request likewise failed to specify the body part to be treated. Therefore, the request for TENS (Transcutaneous Electrical Nerve Stimulation) x 2 is not medically necessary.