

Case Number:	CM14-0081992		
Date Assigned:	07/18/2014	Date of Injury:	09/23/2013
Decision Date:	09/03/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 49-year-old female who reported a fall on 09/23/2013. On 04/02/2014, her diagnoses included left shoulder biceps tear, left shoulder tendinosis, left shoulder AC arthrosis, and right elbow lateral epicondylitis. Her medications included naproxen 550 mg, Lisinopril, Prozac and Norco, with no dosages noted. On 05/27/2014, she complained of abdominal pain and constipation due to the medications she was taking. She rated her pain at 5/10 and stated that her pain worsened with pain medication intake. She got incomplete relief of the abdominal pain with the use of Omeprazole. She stated that she was getting relief of her constipation with the use of Docuprene. She was diagnosed at that time with GERD, abdominal pain (epigastric), taking high risk medication, medication induced gastritis, and constipation. There was no rationale included in this worker's chart. A request for authorization dated 05/19/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 120 ml: 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: The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control including capsaicin and local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. LidoPro contains capsaicin 0.0325%. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis. There have been no studies of a higher concentration of capsaicin and there is no indication that an increase over a 0.025% formulation would provide any further efficacy. LidoPro also contains Lidocaine 4.5%. The only form of FDA approved topical application of Lidocaine is a dermal patch for neuropathic pain. Additionally, the request did not specify a body part to which this ointment was to have been applied, nor a quantity or frequency of application. Therefore, this request for LidoPro ointment 120 mL is not medically necessary.

Hydro-APAP 5/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include the intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. There was no documentation in the submitted chart regarding appropriate long term monitoring evaluations, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy or drug screens. Adverse effects of abdominal pain and constipation was documented. Additionally, there was no frequency of administration included with the request. Therefore, this request for Hydro-APAP 5/325 mg #90 is not medically necessary.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines suggest that proton pump inhibitors, which includes Omeprazole, may be recommended, but clinicians should weigh the indications

for NSAIDs against both GI and cardiovascular risk factors after determining if the patient is at risk for gastrointestinal events. Risk factors include: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants; or high dose/multiple NSAID use. The injured worker does not meet any of the qualifying criteria for risk of gastrointestinal events. Additionally, she stated that the Omeprazole was not relieving her symptoms of abdominal distress and constipation from the use of opioids. Furthermore, the request did not include frequency of administration. Therefore, this request for Omeprazole 20 mg #60 is not medically necessary.