

<b>Case Number:</b>	CM14-0089961		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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:

This 39 year old patient with a date of injury on 4/12/2012. The mechanism of injury was not noted. In a progress report dated 5/27/2014, the patient continues with mid and lumbar back pain with numbness and tingling, and his neuropathic pain has increased. Objectively, the patient has decreased range of motion (ROM) to the lumbar spine, with decreased sensation left at L4. Diagnostic impression shows thoracic or lumbosacral neuritis or radiculitis unspecified, myalgia and myositis. Treatment to date includes medication therapy, and behavioral modification. A UR decision on 6/5/2014 denied the request for Omeprazole 20mg #90, stating the request is modified to #30 for acetaminophen which carries risk of subsequent GI issues. Cyclobenzaprine 7.5 #90 was denied, stating there is no documentation of spasm relief from this medication. LidoPro ointment was denied, stating guidelines do not recommend topical analgesic creams as they are considered highly experimental. A transcutaneous electrical nerve stimulation (TENS) unit was denied, stating there is no documentation of functional benefit from electrical stimulation under supervision of a licensed therapist, and no documentation of neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** 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): 68.

**Decision rationale:** MTUS Guidelines and the FDA support proton pump inhibitors (PPI) in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic nonsteroidal anti-inflammatory drug (NSAID) therapy. Omeprazole is a PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that indicates the need for the proton pump inhibitor in treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. In a progress note dated 5/27/2014, there was no documentation of gastrointestinal events. Furthermore, the patient regimen does not consist of an NSAID or other medication known for high risk of gastrointestinal events. Therefore, the request is not medically necessary.

**Cyclobenzaprine 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The addition of Cyclobenzaprine to other agents is not recommended. In a progress note dated 5/27/2014, there was no discussion of the patient experiencing an acute exacerbation that would justify the use of this medication. Furthermore, it was not clear what the intended purpose of Cyclobenzaprine was for this patient. Therefore, the request is not medically necessary.

**LidoPro ointment:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use 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 as monotherapy or in combination for pain control. There is little to no research to support the use of many these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. LidoPro is a combination of Capsaicin / Lidocaine / Menthol / Methyl Salicylate topical. In the reports viewed, there was no discussion which suggests that the patient has failed over the counter topicals, such as Bengay, and why this patient requires a topical prescription such as LidoPro ointment. Furthermore, there was no specification of the amount, duration of use, and location of the body part it was intended for. Therefore, the request is not medically necessary.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (TENS) Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short and long-term goals of treatment with the TENS unit. In the reports viewed, there was no evidence of the restoration program, and no discussion of conservative treatments failing. Therefore, the request is not medically necessary.