

<b>Case Number:</b>	CM14-0124655		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/29/2006
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 39 year old male, who sustained an industrial injury on 06/29/2006. He reported injury to his back. Treatment to date has included medications, MRI, surgery and physical therapy. According to a progress report dated 06/19/2014, the injured worker continued to complain of pain in his left groin. Pain level was 8 in intensity on a scale of 1-10. Due to ongoing low back pain and left groin pain, the injured worker had been requiring escalating doses of Norco and Neurontin. Due to the difficulty in decreasing his dosage, the injured worker requested to go to an inpatient detoxification program. Medication regimen included Percocet, Neurontin, Fexmid, Prilosec, Imitrex, Copaxone, medical marijuana, Tecfidera, Anaprox and Norco. Diagnoses included status post L5-S1 posterior lumbar interbody fusion, left hip and groin pain, multiple sclerosis, industrially related, reactionary depression/anxiety, cervicogenic headaches, successful spinal cord stimulator trial on 09/29/2011, medication induced gastritis and opiate dependence. Treatment plan included authorization to proceed with a 14 day comprehensive inpatient medical opiate detoxification program and discontinuation of Norco. A prescription for Percocet was written. LidoPro topical analgesic cream was to be used for neuropathic pain. He was dispensed in the office Prilosec. Currently under review is the request for an unknown prescription of LidoPro topical ointment and 1 prescription of Prilosec 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of LidoPro topical 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:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the request is for LidoPro, which contains capsaicin, lidocaine, menthol and methyl salicylate. Lidocaine is only recommended in the form of lidocaine dermal patches and any other commercial preparations (creams, lotions, gels) are not recommended. Menthol and methyl salicylate are also not recommended, thus the request is deemed not medically necessary.

**1 prescription of Prilosec 20mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** CA MTUS states that patients at risk for GI events, such as those over 65, those with a history of peptic ulcer, GI bleeding or perforation, those with concurrent use of ASA, corticosteroids, and/or an anticoagulant or a high dose NSAID or multiple NSAIDs, should be considered for PPI treatment. In this case, the patient does not have the above risk factors and a proton pump inhibitor such as Prilosec is not medically necessary.