

<b>Case Number:</b>	CM15-0106626		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	09/20/2007
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 69-year-old male who sustained an industrial injury on 09/20/07. He complained of left shoulder pain after being struck by a hammer. Initial diagnoses included left shoulder contusion with subsequent shoulder surgery. Current diagnoses include myofascial pain, left shoulder sprain/strain, and cervical sprain/strain. Diagnostic testing and treatments to date have included radiographic imaging, EMG/NCS, physical therapy, thermotherapy, TENS treatments, home exercise, chiropractic care, and pain medication management. Currently, the injured worker complains of left shoulder pain rated as a 6 on a 10 point pain scale, and he has gastritis from oral anti-inflammatory medication use. He has tenderness to palpation over the cervical and anterior shoulder. Requested treatments include Lidopro ointment 121g, and omeprazole 20mg #60. The injured worker is under temporary total disability. Date of Utilization Review: 05/09/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro ointment 121g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, topical, Lidocaine, topical, Salicylate topicals.

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

**Decision rationale:** The patient presents with right shoulder pain rated 6/10. The request is for LIDOPRO OINTMENT 121G. The request for authorization is dated 04/10/15. Physical examination reveals tenderness to palpation over cervical and anterior right shoulder. Patient is to continue home exercise program, TENS and heat therapy. Patient's medications include Tramadol, Omeprazole and Lidopro. Per progress report dated 04/10/15, the patient is permanent and stationary. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.

**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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with right shoulder pain rated 6/10. The request is for OMEPRAZOLE 20MG #60. The request for authorization is dated 04/10/15. Physical examination reveals tenderness to palpation over cervical and anterior right shoulder. Patient is to continue home exercise program, TENS and heat therapy. Patient's medications include Tramadol, Omeprazole and Lidopro. Per progress report dated 04/10/15, the patient is permanent and stationary. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 04/10/15, treater's reason for the request is "for NSAIDs induced gastritis. In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Additionally, treater has not indicated how the patient is doing, what gastric complaints there are, and why she needs to continue. Finally, patient is not prescribed or taking any NSAIDs. Therefore, the request is not medically necessary.

