

Case Number:	CM15-0106627		
Date Assigned:	06/11/2015	Date of Injury:	07/16/2014
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	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 48 year old male who sustained a work related injury July 16, 2014. While kneeling and installing a piece of granite, he lost his balance and dropped it on his left knee. He was treated with medication, physical therapy and underwent x-rays. He went back to work in a sitting office job and developed low back pain. He takes medication and performs instructed home exercise. Past history included GERD (gastroesophageal reflux disease), hypertension, lumbar spine surgery x 2, 15 years ago and right shoulder surgery 4 years ago. An MRI of the left knee revealed a medial meniscus tear and horizontal and inferior oblique tears. According to a clinic visit, dated April 28, 2015, the certified physician's assistant documented the injured worker complained of left knee pain, rated 4-6/10, and minimal right knee pain. Diagnoses are documented as left knee sprain/strain; lumbar sprain; myofascial pain; hypertension; NSAIDs (non-steroidal anti-inflammatory drugs) induced gastritis. Treatment plan reveals the injured worker is scheduled for left knee surgery May 28, 2015. The orders are to continue with the home exercise program, TENS unit, and ice/heat therapy. At issue, is the request for authorization of Lidopro cream and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 g #1 with 3 refills: 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, pages 111-113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse myofascial, lumbar and knee pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral medication. The Lidopro cream 121 g #1 with 3 refills is not medically necessary and appropriate.

Omeprazole 20 mg #60 with 3 refills: 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 NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI history of GI bleeding or diagnosis of the above that meets the criteria to indicate medical treatment. Review of the records show no documentation of current NSAID use, specific symptoms, or GI diagnosis to warrant this medication for 3 refills without benefit assessment. The Omeprazole 20 mg #60 with 3 refills is not medically necessary and appropriate.