

<b>Case Number:</b>	CM15-0139723		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine

### 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 29 year old female who sustained a work related injury October 23, 2013. According to a psychiatric progress note, dated April 23, 2015, the injured worker has had a major depressive episode and post-traumatic stress disorder after being physically assaulted at work. She is struggling with drinking alcohol, at least 7-8 drinks at a time. She is going to meditation classes, which are helpful and continues to work as a cashier, which is challenging for her. She complains of getting 4-6 hours of sleep, not eating much and poor concentration. She has symptoms of depression but not medicated because of alcohol use. Objective findings included; weight 150 pounds; distracted, agitated and upset, but she behaves in a way that is pleasant. Diagnoses are posttraumatic stress; major depressive episode, single; alcohol abuse. Treatment plan included after retreat to go to [REDACTED] meetings and to discontinue any medication. A request for authorization form, dated April 28, 2015, documents diagnoses as lower back pain; anxiety; cervicgia, neck pain and major depression not specified. At issue, is the retrospective request for Lidopro cream and Omeprazole, dispensed April 28, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Lidopro cream #121grams (1 month supply) dispensed 04/28/2015: 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 Topical analgesics Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. Lidopro contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The CA MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain, and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Medical necessity for the requested medication was not established. The requested topical analgesic compound is not medically necessary.

**Retrospective: Omeprazole 20mg, #60 dispensed 04/28/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There was no documentation indicating that this patient had any GI symptoms or risk factors. The medical necessity for Omeprazole was not established. The requested medication is not medically necessary.