

<b>Case Number:</b>	CM15-0140237		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 43 year old male sustained an industrial injury on 2-28-11. He subsequently reported low back, right shoulder and bilateral upper extremity pain. Diagnoses include lumbar spondylolisthesis and lumbar strain and sprain. The injured worker continues to experience low back pain. Upon examination, there was reduced range of motion noted in the right shoulder and lumbar back. There was tenderness to palpation in the lumbar paraspinal muscles bilaterally. Tenderness in the RTC, ACJ and anterior aspect, impingement test was positive. Right and left wrists were tender at the dorsal and lumbar aspects and tenderness was noted in the bilateral compartments of the forearms. Finkelstein's and Tinel's were positive bilaterally, Phalen's was positive more on the right. A request for 1 prescription of Lidopro Cream 121gm, 1 prescription of Omeprazole 20mg #60 and 1 CBC, CMP standard liver and kidney labs was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Lidopro Cream 121gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Salicylate topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** Lidopro is a topical medication containing Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 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. MTUS recommends topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. MTUS states regarding topical Salicylate, Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. In this case, Lidocaine is not supported for topical use per guidelines. As such, the request for 1 prescription of Lidopro Cream 121gm is not medically necessary.

**1 prescription of 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): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or(2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in MTUS. As such, the request for 1 prescription of Omeprazole 20mg #60 is not medically necessary.

**1 CBC, CMP standard liver and kidney labs: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 21-42, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation <http://www.uptodate.com/>; CMP.

**Decision rationale:** MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states the examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. From the items presented, the physician should select what needs to be done. MTUS states, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. According to UpToDate a CMP (complete metabolic panel can used to look at acid base imbalances, electrolyte abnormalities, liver function, kidney function, and blood glucose. The treating physician has not provided documentation of subjective or objective complaints that would warrant the requested lab work. The most recent request for NSAID therapy has been denied. Additionally, the medical documentation provided does not indicate any chronic illness that would require the requested testing. As such, the request for 1 CBC, CMP standard liver and kidney labs is not medically necessary.