

Case Number:	CM15-0140318		
Date Assigned:	07/30/2015	Date of Injury:	12/10/2013
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 48-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 10, 2013. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve requests for topical LidoPro and omeprazole (Prilosec). The claims administrator referenced a June 19, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 22, 2015, the applicant reported ongoing complaints of knee pain status post earlier knee arthroscopy. 3/10 pain complaints were noted. The applicant reported using a TENS unit, heating pad, and topical LidoPro ointment. Naprosyn and Prilosec were continued. The applicant's work status was not clearly articulated. The applicant was asked to consider a functional capacity evaluation. There was no mention of the applicant having issues with reflux, heartburn, and/or dyspepsia on this date. On July 15, 2015, the applicant reported ongoing complaints of knee pain. The applicant was using Naprosyn, a TENS unit, a heating pad, and topical LidoPro for pain relief. The attending provider stated that the applicant was using omeprazole for cytoprotective effect as opposed to for actual symptoms of reflux. Multiple medications were renewed. The applicant was given work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LIDOPRO- capsaicin, lidocaine, menthol and
...DailyMeddailymed.nlm.nih.gov/dailymed/getFile.cfm?setid...94b9...LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment.

Decision rationale: No, the request for topical LidoPro was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM) is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical capsaicin is recommended only as an option in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of first-line oral pharmaceuticals such as Naprosyn effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.

Omeprazole 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Similarly, the request for omeprazole, a proton-pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated in his July 15, 2015 progress note that omeprazole was being employed for cytoprotective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic use of proton pump inhibitors. Namely, the applicant was only using one NSAID, Naprosyn, was less than 65 years of age (age 48), was not using NSAIDs in conjunction with aspirin, was not using NSAIDs in conjunction with corticosteroids, and had no known history of GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.