

Case Number:	CM15-0143206		
Date Assigned:	08/04/2015	Date of Injury:	04/02/2010
Decision Date:	08/31/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old male who sustained an industrial injury on 04-02-10. Initial complaints and diagnoses are not available. Treatments to date include medications, psychological counseling, and exercise. Diagnostic studies are not addressed. Current complaints include back pain rated at 4-5/10. Current diagnoses include lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, cervical sprain and strain, cervical radiculitis, and major depression. In a progress note dated 07-06-15 the treating provider reports the plan of care as medications including Omeprazole, Lexapro, Cymbalta, Trazadone, LidoPro ointment, and Tramadol; monthly visits with a psychiatrist, and TENS, heating pad, and exercises. The requested treatments include Omeprazole and Lidopro. The documentation supports that he injured worker is unable to tolerate nonsteroidal medications even with omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor as the patient could not tolerate NSAIDs even with Omeprazole. The request for Omeprazole is not medically necessary.

Lidopro ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals & Topical Analgesics Page(s): 105 and 111-113.

Decision rationale: Lidopro ointment is not medically necessary per MTUS guidelines. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. The MTUS guidelines state that there is no current indication that an increase over a 0.025% formulation of Capsaicin would provide any further efficacy. Furthermore, topical lidocaine that is not in a patch form (whether creams, lotions or gels) is not indicated for neuropathic pain. The MTUS does support Ben Gay which contains menthol and methyl salicylate. Per the MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support Capsaicin or Lidocaine in this case. Additionally, the request does not specify a quantity. For these reasons, LidoPro ointment is not medically necessary.