

Case Number:	CM15-0166342		
Date Assigned:	09/04/2015	Date of Injury:	06/05/2013
Decision Date:	10/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/24/2015

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 [REDACTED] beneficiary who has filed a claim for chronic shoulder, elbow, and neck pain reportedly associated with industrial injury of June 5, 2015. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for Naprosyn, topical LidoPro, and omeprazole. The claims administrator referenced an August 13, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said August 5, 2015 progress note, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was placed off of work, on total temporary disability. Naprosyn, Prilosec, LidoPro, and TENS unit patches were endorsed. The attending provider suggested towards the top of the note that the applicant's pain scores were reduced by 30% with ongoing medication consumption. The applicant was nevertheless kept off of work, on total temporary disability. On July 5, 2015, the applicant was again placed off of work, on total temporary disability. 5 to 6/10 pain complaints were reported, worsened by activity. The applicant was receiving chiropractic treatment, it was reported. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, the applicant remained off of work, on total temporary disability, it was acknowledged on August 13, 2015 and July 15, 2015. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medications consumption, these reports were, however, outweighed by the applicant's failure to return to work and the seeming failure of Naprosyn to curtail the applicant's dependence on other forms of medical treatment to include a TENS unit, manipulative therapy, topical LidoPro, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Similarly, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone on progress notes of August 13, 2015 or July 15, 2015. Therefore, the request is not medically necessary.

Lidopro cream 121g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation Lidopro (capsaicin, lidocaine, menthol, and DailyMed, dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid, Dec 1, 2012 - Lidopro-Capsaicin, Lidocaine, Menthol and Methyl Salicylate ointment.

Decision rationale: Finally, the request for topical LidoPro was likewise 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 notes that topical capsaicin, i.e., the primary ingredient in the compound, is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, there was no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of capsaicin-containing LidoPro compound in question. Therefore, the request is not medically necessary.