

Case Number:	CM15-0183354		
Date Assigned:	09/24/2015	Date of Injury:	03/13/2014
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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, neck, elbow, and upper extremity pain reportedly associated with an industrial injury of March 13, 2014. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve requests for topical LidoPro ointment, omeprazole, and Terocin patches. The claims administrator referenced an August 31, 2015 office visit and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On an August 31, 2015 RFA form, LidoPro ointment, Naprosyn, Prilosec, and Terocin were endorsed. In an associated August 31, 2015 office visit, the applicant reported ongoing complaints of left upper extremity pain. The applicant scored a pain of 8/10 and acknowledged that gripping, grasping, lifting, and pushing remained problematic. The applicant was off of work and had not worked in several months, it was acknowledged. The applicant's gastrointestinal review of systems was negative for heartburn. The applicant's past medical history was likewise described as negative. Ultimately LidoPro, Naprosyn, Prilosec, and Terocin were all renewed. The applicant was given a rather proscriptive 10-pound lifting limitation, which the treating provider suggested the applicant's employer was unable to accommodate. There is no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. On an earlier note dated August 5, 2015, the applicant reported ongoing complaints of neck and shoulder pain with associated left upper extremity paresthesias. The applicant's GI review of systems was again described as negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% ointment, #1 tube: 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): Capsaicin, topical. Decision based on Non-MTUS Citation LIDOPRO (capsaicin, lidocaine, menthol, and DailyMeddaily.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid, Dec 1, 2012 Lidopro capsaicin, lidocaine, menthol and methyl salicylate ointment.

Decision rationale: No, the request for topical LidoPro ointment was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, 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 recommended only as an option in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considered a first-line oral pharmaceutical, Naprosyn, effectively obviated the need for the capsaicin-containing LidoPro compound at issue. Therefore, the request was not medically necessary.

Omeprazole DR (delayed release) 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - NSAIDs, GI symptoms & cardiovascular risk.

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 Guidelines does acknowledge 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 the August 31, 2015 office visit at issue. The applicant's gastrointestinal review of systems was negative for heartburn, it was acknowledged on that date. Therefore, the request was not medically necessary.

Terocin patch 4-4%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation www.drugs.com/pro/terocin.html.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - TEROCIN- methyl salicylate, capsaicin, menthol ...dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0...Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources. Download Data ... Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

Decision rationale: Finally, the request for topical Terocin was likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the Terocin compound is recommended only as an option in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of what the MTUS Guideline in the ACOEM Chapter 3, page 47 considers a first-line oral pharmaceutical, Naprosyn, effectively obviated the need for the capsaicin-containing Terocin compound in question. Therefore, the request was not medically necessary.