

<b>Case Number:</b>	CM15-0187804		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 25 year old male who sustained an industrial injury December 4, 2013, after a fall from a roof, with main complaints of back pain and left forehead pain. According to a treating physician's occupational clinic handwritten report dated August 24, 2015, the injured worker presented with complaints of skull pain, facial-eye pain, lower extremity pain, and low back pain. Objective findings included; pupils equal and reactive to light-other handwritten notes are difficult to decipher. The physician noted medication does help with activities of daily living and functioning (unspecified). Other medication also included Naproxen. Diagnoses are status post head trauma; multiple maxillofacial fractures; posttraumatic headache; status post multiple rib fractures; lumbar sprain, strain. At issue, is the request for authorization for Lidopro, Prilosec and two pairs of TENS (transcutaneous electrical nerve stimulation) electrodes. A CT of the chest abdomen and pelvis dated December 4, 2013 (report present in the medical record) documented impression as left medial fifth and sixth rib articulation fracture, left seventh eighth and ninth thoracic vertebral transverse process fractures; minimal layering left hemothorax with a trace less than 2% with pneumothorax; no evidence of definite intra-abdominal or intra-pelvic traumatic involvement. A CT facial bones without contrast dated December 4, 2013 (report present in the medical record) documented impression as left supraorbital fracture extending into the left frontal skull; left medial orbital wall fracture; fracture of the right sphenoid wing extending into the right clivus; a subtle fluid signal in the right mastoid air cell, subtle fracture suspected; supraorbital fracture on the right is not excluded although not definitively visualized; traumatic air fluid of the right orbital floor medially. According to utilization review dated September 11, 2015, the requests for a neuropsych evaluation, CT of the head, ENT (ear nose and throat) consultation, and ophthalmology

consultation between August 24, 2015 and November 8, 2015 are certified. The requests for Lidopro ointment 4oz 121gm, (2) pairs of TENS electrodes, and Prilosec 20mg #60 are non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One prescription of Lidopro ointment 4oz 121grams: 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): Topical Analgesics.

**Decision rationale:** The patient presents with back pain and left forehead pain. The current request is for one prescription of Lidopro ointment 4oz 121 grams. The treating physician states, in a report dated 08/24/15, Topical Medication: Lidopro 4 oz. (200B). The MTUS guidelines state, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro is a compound topical gel .0325% Capsaicin, Lidocaine 4.5%, Menthol 10%, Methyl Salicylate 27.5%. MTUS guidelines page 111 states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Strength of Capsaicin recommended is no more than 0.025%. Review of the reports show no discussion is made regarding the efficacy and use of this topical product. MTUS page 111 further states regarding lidocaine topical analgesics, only FDA approved products are recommended, and only in a patch form such as Lidoderm. Given that this topical compound contains lidocaine in a cream formulation, the current request is not medically necessary.

#### **Two pairs of TENS electrodes: 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): Transcutaneous electrotherapy.

**Decision rationale:** The patient presents with back pain and left forehead pain. The current request is for two pairs of TENS electrodes. The treating physician states, in a report dated 08/24/15, Durable Medical Equipment (DME): Tens Unit Electrodes. (200B) The MTUS guidelines state, not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, the treating physician, based on the records available for review, fails to provide evidence of functional improvement, and has failed to document what other treatments have been tried prior to a request for TENS supplies. The current request is not medically necessary.

**Prilosec 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:** The patient presents with back pain and left forehead pain. The current request is for Prilosec 20mg #60. The treating physician states, in a report dated 08/24/15, gastrointestinal: Omeprazole (Prilosec) 20mg #60. (200B) The MTUS guidelines state, treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, the treating physician, based on the records available for review, does not state that the patient suffers with any gastrointestinal disorders or dyspepsia. Since there is no documentation of multiple high dosage NSAIDs nor of dyspepsia secondary to NSAID therapy, the current request is not medically necessary.