MAXIMUS Federal Services

Case Number:	CM15-0191950		
Date Assigned:	10/06/2015	Date of Injury:	11/22/2004
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/29/2015

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 50-year-old who has filed a claim for chronic mid back, low back, and elbow pain reportedly associated with an industrial injury of November 22, 2004. In a utilization review report dated September 3, 2015, the claims administrator failed to approve a request for topical LidoPro, oral Naprosyn, and oral Prilosec apparently prescribed and/or dispensed on or around August 22, 2015. The applicant's attorney subsequently appealed. On an RFA form dated August 22, 2015, topical LidoPro, TENS unit patches, omeprazole, and Naprosyn were all endorsed. On an associated progress note dated August 22, 2015, the applicant reported ongoing complaints of low back and elbow pain, 4/10. The attending provider contended that the applicant's medications were attenuating the applicant's pain complaints by 50%, allowing the applicant to maintain activities of daily living, and allowing the applicant to work on a full-time basis. The applicant's issues with dyspepsia had apparently been ameliorated with ongoing omeprazole usage. One section of the note stated that the applicant could not tolerate oral Naprosyn owing to issues with stomach upset. The applicant was asked to return to work while Naprosyn, Prilosec, LidoPro ointment, and TENS unit patches were endorsed. The applicant was to continue using a TENS unit, perform exercises, and work on a full-time basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro cream 121gm (DOS: 08/22/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 - DailyMeddailymed.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 cream 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 notes that topical capsaicin, i.e., the primary ingredient in the compound, is recommended only as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, there is 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 the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.

Respective Omeprazole 20mg #60 (DOS: 08/22/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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: Conversely, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here on the date in question, August 22, 2015. The applicant was described as having developed issues with NSAID-induced dyspepsia on that date. The attending provider contended that ongoing use of omeprazole had effectively attenuated the same. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Retrospective Naproxen Sodium 550mg #60 (DOS: 08/22/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Finally, the request for Naprosyn, an NSAID medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option to combat issues with NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the applicant was described as having developed issues with dyspepsia and stomach upset on the date in question, August 22, 2015. The attending provider stated in one section of the note that the applicant could "not tolerate" Naprosyn owing to issues with stomach upset. It was not clear, thus, why the attending provider chose to renew Naprosyn toward the bottom of the note, particularly in light of the fact that both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines stipulate that an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, thus, cessation of Naprosyn appeared to represent a more appropriate option than continuation of the same, given the applicant's issues with intolerance to the same. Therefore, the request was not medically necessary.