

<b>Case Number:</b>	CM15-0196447		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/04/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Florida, 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 injured worker is a 34 year old male, who sustained an industrial-work injury on 2-4-15. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, thoracic or lumbosacral neuritis or radiculitis, pain in joint of lower leg and chronic pain syndrome. Treatment to date has included pain medication, Lidopro and Pantoprazole since at least 5-11-15, physical therapy, acupuncture with no relief, diagnostics, urine drug screen and other modalities. The current medications included Senna, Naproxen, Cyclobenzaprine, Pantoprazole, and Lidocaine. The treating physician indicates that the urine drug test result dated 9-15-15 was consistent with the medication prescribed. Medical records dated (5-11-15 to 9-15-15) indicate that the injured worker complains of low back pain, right knee pain and pelvic pain. The pain is rated 7-8 out of 10 on the pain scale and has been unchanged. The pain radiates to the left thigh with numbness, tingling and weakness. The pain is aggravated by activities and relieved with rest, heat and medications. Per the treating physician report, dated 9-15-15, work status is modified with restrictions. The physical exam dated 9-15-15 reveals that the lumbar range of motion is restricted and limited by pain, there is spasm, tenderness and tight muscle band noted on both sides, there is tenderness, positive lumbar facet loading and positive straight leg raise on the left side in sitting position. The patellar jerk is 2 out of 4 both sides and there is tenderness noted over the sacroiliac spine. The request for authorization date was 9-15-15 and requested services included LidoPro ointment and Pantoprazole tab 20 mg Qty 60. The original Utilization review dated 9-25-15 non-certified the request for LidoPro ointment and Pantoprazole tab 20 mg Qty 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, 112 of 127. This claimant reported injury in February of this year. LidoPro is a combination of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and the primary component is the topical analgesic, Methyl Salicylate 27.5%. The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.

**Pantoprazole tab 20 mg Qty 60:** Upheld

**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:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, page 68 of 127. This claimant reported injury in February of this year. The request is for a proton pump inhibitor, Pantoprazole. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.

