

Case Number:	CM15-0020362		
Date Assigned:	02/09/2015	Date of Injury:	12/28/2006
Decision Date:	04/20/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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
 Certification(s)/Specialty: Family Practice

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 59 year old male injured worker suffered an industrial injury on 12/28/2006. The diagnoses were lumbosacral intervertebral disc degeneration, lumbago and lumbar strain/sprain. The injured worker has a history of gastritis. The diagnostic studies were right knee magnetic resonance imaging. The treatments were medications. On 1/15/15 the treating provider reported increased low back pain with stiffness not controlled by medications. On 1/27/15, Utilization Review denied the request for Lidopro cream, Omeprazole, and Fenoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream topical ointment x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 105. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals , Topical Analgesics Page(s): 104, 110-112. Decision based on Non-MTUS Citation drugs.com.

Decision rationale: According to drugs.com, Lidopro contains capsaicin, lidocaine, menthol and methyl salicylate. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS guidelines state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request for Lidopro cream topical ointment x2 is not medically necessary.

Omeprazole 20mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors.

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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). According to ODG, Proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal events. The guidelines state that proton pump inhibitors are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, the injured worker is noted to have a history of gastritis and has presented complaining of low back pain exacerbation. She is being prescribed anti-inflammatory medications. Given the history of gastritis, a proton pump inhibitor is supported. The request for Omeprazole 20mg, #60 is medically necessary.

Fenoprofen 400mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Fenoprofen Page(s): 21-22, 71.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has sustained an exacerbation with regards to the lumbar spine. A course of anti-inflammatory medication is supported to address the flare-up to decrease pain and increase function. The request for Fenoprofen 400mg, #60 is medically necessary.

