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| Case Number: | CM15-0210222 | | |
| Date Assigned: | 10/29/2015 | Date of Injury: | 12/31/2013 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 09/28/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

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: Washington, 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 66 year old male who sustained an industrial injury on 12-31-2013. The medical records indicate that the injured worker is undergoing treatment for right shoulder impingement. Previous diagnostic studies included a MRI of the right shoulder which showed a small tendon tear. Treatments to date included medication management, physical therapy, and steroid injection. Work status is described as full duty. According to the progress report dated 8-31-2015, the injured worker presented with complaints of discomfort in the right shoulder which was unchanged from the prior evaluation. The medications were effective in controlling the pain. The current medications are Celecoxib, Omeprazole, and Lido Hydrocodone topical cream. The records do not indicate when Omeprazole or Lido Hydrocodone was originally prescribed. The physical examination of the right shoulder revealed tenderness anteriorly, decreased range of motion, and positive impingement sign. The original utilization review (9-28-2015) partially approved a request for Omeprazole 20mg #30 with 2 refills (original request was for #60 with 2 refills). The request for Lido Hydrocodone HCL 3% with 2 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg Qty 60 with 2 refills: 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: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory medications (NSAIDs) especially if at high risk of a gastrointestinal (GI) bleed such as age over 65, history of GI bleeds and/or concurrent treatment with other at-risk medications such as aspirin, corticosteroids, high dose NSAIDs or anticoagulants. This patient is on chronic NSAID therapy but has no risk factors for a GI event nor has the provider documented dyspeptic symptoms. In this situation, the MTUS does not recommend prophylaxis with a proton pump inhibitor. Medical necessity for use of this medication has not been established, therefore is not medically necessary.

Lido hydrocodone HCL 3% with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioid.

Decision rationale: Lidocaine-hydrocodone cream is a combination product formulated for topical use. It is made up of lidocaine, an anesthetic, and hydrocodone, a synthetic opioid analgesic. The use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. The MTUS does not address the topical use of opioids other than fentanyl patches. It is important to note the MTUS states, Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since the topical use of lidocaine mixed with any other agent is not recommended by the MTUS, use of this entire preparation is not recommended. Medical use of this preparation is not necessary.