

Case Number:	CM15-0213670		
Date Assigned:	11/03/2015	Date of Injury:	10/19/2012
Decision Date:	12/16/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/30/2015

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: Emergency 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 56 year old male who sustained an industrial injury on 10-19-12. The injured worker reported pain in the shoulders, neck and left knee. A review of the medical records indicates that the injured worker is undergoing treatments for failed back syndrome of cervical spine. Medical records dated 10-12-15 indicate pain rated at 4-5 out of 10. Provider documentation dated 10-12-15 noted the work status as permanent and stationary. Treatment has included status post neck surgery, hydrocodone since at least April of 2015, LidoPro since at least July of 2015, Morphine, and epidural steroid injection (2013). Objective findings dated 10-12-15 were notable for cervical spine tenderness, spasm reduces cervical spine range of motion, right upper extremity with diminished sensations, and right sided decreased grip strength. The original utilization review (9-30-15) denied a request for Omeprazole 20mg #28 and LidoPro 4.5%-27.5%-0.0325%- 10% topical ointment, # 2 tubes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #28: 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/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not noted to be on any NSAIDs. There are no noted GI complaints. It is unclear why patient was prescribed this medication. Therefore the request is not medically necessary.

LidoPro 4.5%-27.5%-0.0325%- 10% topical ointment, # 2 tubes: 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 requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contains one drug or drug class that is not recommended is not recommended." Lidopro contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of an attempt of trial with a 1st line agent. This is not an FDA approved version of lidocaine. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There is no utility in shoulder or spinal pain. Pt is on it chronically. Not medically recommended. 4) Menthol: There is no data on Menthol in the MTUS. Lidopro is not recommended. Therefore the request is not medically necessary.