

Case Number:	CM15-0213695		
Date Assigned:	11/03/2015	Date of Injury:	09/20/2010
Decision Date:	12/23/2015	UR Denial Date:	10/15/2015
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: 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 20, 2010. In Utilization Review report dated October 15, 2015, the claims administrator failed to approve requests for omeprazole, LidoPro cream, and TENS unit patches. The claims administrator referenced a September 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 16, 2015, the treating provider appealed the denials of omeprazole, TENS unit supplies and topical LidoPro. A 7-page appeal letter was furnished. The note comprised, in large part, of various guidelines. The applicant's work status was not detailed. On September 29, 2015, the applicant reported ongoing issues with chronic low back pain radiating into the left leg. The applicant was using TENS unit. Activities of daily living as basic as standing, walking, and sitting remained problematic, the treating provider reported. The applicant's BMI was 35, the treating provider noted. The applicant was on naproxen, Prilosec, Promolaxin, and Neurontin, the treating provider noted. The applicant had undergone earlier lumbar spine surgery in September 2010, the treating provider noted. The applicant was asked to pursue a repeat lumbar discectomy procedure on the grounds that the applicant had developed worsening lower extremity weakness. On an RFA form dated September 24, 2015, TENS unit patches, topical LidoPro, Neurontin, Prilosec, and naproxen were all endorsed. On an associated progress note dated September 24, 2015, 4/10 pain complaints were noted. The applicant had a history of earlier lumbar spine surgery for reported cauda equina syndrome, the treating provider noted. The applicant reported heightened lower

extremity paresthesias, the treating provider noted. The applicant was ultimately given renewals of naproxen, LidoPro, and Prilosec. Physical therapy and electrodiagnostic testing were sought. The applicant permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. The applicant was using a cane to move about, the treating provider noted. The applicant was also asked to continue a number of passive modalities to include a Thera Cane massager, a heating pad, and the TENS unit in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Prescriptions of Omeprazole 20mg #60 (retrospective dos: 09/24/2015): 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: No, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the September 24, 2015 office visit at issue. Therefore, the request is not medically necessary.

3 Prescriptions of Lidopro cream 121gm (retrospective dos: 09/24/2015): 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): Capsaicin, topical. Decision based on Non-MTUS Citation LABEL: LIDOPRO- capsaicin, lidocaine hydrochloride, menthol and methyl salicylate ointment.

Decision rationale: Similarly, the request for topical LidoPro cream was likewise 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 option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concurrent usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as naproxen effectively

obviated the need for the capsaicin-containing LidoPro compound at issue. Therefore, the request is not medically necessary.

6 TENS patches x 2 (retrospective dos: 09/24/2015): 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): Transcutaneous electrotherapy.

Decision rationale: Finally, the request for TENS unit patches was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis and, by implication, provision of associated patches should be predicated on evidence of a favorable outcome during an earlier 1-month trial of the same, with beneficial outcome present in terms of both pain relief and function. Here, however, the applicant's work status was not clearly reported on September 24, 2015, suggesting that the applicant was not, in fact, working with permanent limitations in place. Ongoing usage of the TENS unit failed to curtail the applicant's dependence on a variety of analgesic and adjuvant medications, to include naproxen, Neurontin, and LidoPro. The applicant was still having difficulty performing activities of daily living as basic as standing and walking, and was using a cane to move about, the treating provider reported on September 24, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.