

Case Number:	CM15-0219524		
Date Assigned:	11/12/2015	Date of Injury:	03/07/2014
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/09/2015

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 48 year old female who sustained an industrial injury on 03-07-2014. Medical records indicated the worker was treated for cervical degenerative disc disease, right shoulder tendinitis, right elbow epicondylitis, right cervical radiculopathy C6 right side, depression-major not specified, and myofascial pain. In the notes of 09-08-2015 and 09-16-2015, she is seen for pain in the neck, right shoulder, and right elbow that she rates at a 5-6. The pain is accompanied with numbness and weakness in her fingers bilaterally right greater than left. Activities of daily living such as light lifting, pushing and pulling increase her pain. Medications help her pain about 30-40 %. Gabapentin (since at least 03-09-2015) and Lidopro (since at least 03-09-2015) are helpful for managing her neuropathic pain, as is the transcutaneous electrical nerve stimulation (TENS) unit (since at least 03-09-2015). Omeprazole (since at least 03-09-2015) is taken for gastrointestinal prophylaxis. On exam, her mood is unhappy which she states has been due to worry about her injury. Her musculoskeletal exam reveals pain in the neck and right shoulder at level of a 6 on a scale of 0-10. She also continues with numbness in the 4th and fifth fingers. There is decreased range of motion of the right shoulder and neck, and diffuse tenderness to palpation in the supra-infraspinatus area of the right shoulder. A request for authorization was submitted for: 1. Lidopro cream 121gm Qty: 1.00, 2. Naproxen 550mg Qty: 60.00, 3. Omeprazole 20mg Qty: 60.00, 4. Tens patches Qty: 1.00, 5. Gabapentin 300mg Qty: 90.00. A utilization review decision 10-22-2015 authorized: Tens patches Qty: 1.00, Gabapentin 300mg Qty: 90.00 modified: Naproxen 550mg Qty: 60.00 to Naproxen 550 mg QTY 30 and non-authorized: Lidopro cream 121gm Qty: 1.00, Omeprazole 20mg Qty: 60.00

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm Qty: 1.00: 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: 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. It is also unclear where patient is using this topical product. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There is no benefit in spinal or shoulder pain, it is unclear where this patient is using this product. Patient is on it chronically. Not medically recommended. 4) Menthol: There is no data on Menthol in the MTUS. The provider has been consistent in failing to provide documentation to support request for this compounded medication. Multiple drugs are not recommended, the combination medication, Lidopro is not medically necessary.

Naproxen 550mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: As per MTUS chronic pain guidelines, NSAIDs are recommended for short-term pain relief. It is not recommended for long-term use due to increased risk for worsening cardiovascular and GI problems. Patient is on naproxen/anaprox chronically and patient has GI complaints. There is no documented objective benefit from this medication. Naproxen is not medically necessary.

Omeprazole 20mg Qty: 60.00: 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 currently on naproxen but in this review on UR, it is not medically recommended. Since NSAIDs are not recommended in this patient, Prilosec/Omeprazole is not medically necessary.