

<b>Case Number:</b>	CM15-0032842		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 30-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 4, 2013. In a Utilization Review report dated February 11, 2015, the claims administrator failed to approve a request for Prilosec and topical LidoPro. The claims administrator referenced RFA forms and progress notes of July 24, 2014 and July 16, 2014 in its determination. The applicant's attorney subsequently appealed. In a progress note dated July 24, 2014, the applicant reported ongoing complaints of neck, shoulder, and left hand pain, constant and moderate. Six additional sessions of chiropractic manipulative therapy were endorsed. The applicant's work status was not detailed. A discussion of medication selection and/or medication efficacy did not transpire. In a handwritten note dated August 13, 2014, it was suggested that the applicant had stopped working as his employer was unable to accommodate suggested limitations. The applicant was receiving Workers' Compensation indemnity benefits, it was noted. 3-5/10 pain complaints were noted. Tylenol, Motrin, and Zoloft were renewed and/or continued. There was no mention of either the topical LidoPro lotion or Prilosec on this occasion. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia. In another section of the note, the applicant explicitly denied GI symptoms with ongoing Motrin usage. In a handwritten note dated July 16, 2014, the applicant was apparently using Naprosyn and Motrin at the same time, it was reported. The applicant had developed issues with stomach upset associated with the same it was reported. The applicant was apparently given prescriptions for and/or asked to continue Methoderm lotion, Motrin, Zoloft, and topical LidoPro.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Omeprazole 20 #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk page(s): 69.

**Decision rationale:** Yes, the request for omeprazole (Prilosec) was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec (omeprazole) are indicated to combat issues with NSAID-induced dyspepsia as were present here on or around the date in question, July 16, 2014. The applicant had apparently developed dyspepsia after using two NSAIDs concurrently, namely Motrin and Naprosyn. Usage of omeprazole was, thus, indicated to ameliorate issues with dyspepsia which had arisen in conjunction with the same. Therefore, the request was medically necessary.

### **LidoPro 402 #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical page(s): 28. Decision based on Non-MTUS Citation DailyMed - LIDOPRO-capsaicin, lidocaine, menthol and [dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ef3f3597-94b9FDA](http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ef3f3597-94b9FDA) Guidance & Info; NLM SPL Resources, NDC 53225-1021-1 - LidoPro - (Lidoprocin) Topical Pain Relief Ointment - Deep Penetrating - Long Lasting.

**Decision rationale:** Conversely, the request for topical LidoPro was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine, is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical capsaicin, the primary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of various and sundry first-line oral pharmaceuticals, including Motrin, Neurontin, Tylenol, etc., effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.