

<b>Case Number:</b>	CM15-0037062		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 49 year old male who sustained an industrial injury on 10/28/13. He currently is experiencing burning sensation over the right shoulder with radiation to the arm along with numbness and tingling. The pain intensity was 5/10. Diagnoses include status post right shoulder surgery (3/12/14); myofascial pain; frozen shoulder; sleep problems; sprain of shoulder and upper arm. Treatments to date include physical therapy. In a note dated 1/12/15 the treating provider requested Lidopro as it improved the injured workers pain and helped her to function and Lunesta because of increasing sleep problem. On 2/2/15 Utilization Review non-certified the request for Lidopro 4 ounces; omeprazole 20 mg; Lunesta 1 mg citing

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 4 oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with burning sensation over the right shoulder with radiation to the arm along with numbness and tingling. The pain intensity was 5/10. The request is for LIDOPRO 4 OZ. LidoPro is a compound topical consisting of Capsaicin 0.0325%, Lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. The RFA provided is dated 01/12/15. Patient's diagnosis included status post right shoulder surgery on 03/12/14; myofascial pain; frozen shoulder; sleep problems; sprain of shoulder and upper arm. The patient is to return to modified duty. MTUS chronic pain medical treatment guidelines, pages 111-113, for Topical Analgesics states: Any compounded product that contains at least one drug or drug class that is not recommended. MTUS has some support for Lidoderm patches, but states: No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The lidocaine cream in the LidoPro compound is not recommended by MTUS, therefore the whole LidoPro product cannot be recommended. This request IS NOT medically necessary.

**Omeprazole 20 mg:** Upheld

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

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

**Decision rationale:** The patient presents with burning sensation over the right shoulder with radiation to the arm along with numbness and tingling. The pain intensity was 5/10. The request is OMEPRAZOLE 20 MG The RFA provided is dated 01/12/15. Patient's diagnosis included status post right shoulder surgery on 03/12/14; myofascial pain; frozen shoulder; sleep problems; sprain of shoulder and upper arm. The patient is to return to modified duty. MTUS pg 69 for "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Also Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID Omeprazole is a proton pump inhibitor. MTUS allows it for prophylactic use along with oral NSAIDs when the patient is determined to be at risk for GI events. MTUS also allows use of Omeprazole for treatment of dyspepsia secondary to NSAID use. The records did not discuss a rationale for use of omeprazole. There is no reported history of gastric problems, GI risks or complaints of GI symptoms. The patient does not present with an indication for Omeprazole. Therefore, the request IS NOT medically necessary.

**Lunesta 1 mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter, Eszopicolone (Lunesta).

**Decision rationale:** The patient presents with burning sensation over the right shoulder with radiation to the arm along with numbness and tingling. The pain intensity was 5/10. The request is for LUNESTA 1 MG. This is an incomplete prescription, the quantity is not provided. The RFA provided is dated 01/12/15. Patient's diagnosis included status post right shoulder surgery on 03/12/14; myofascial pain; frozen shoulder; sleep problems; sprain of shoulder and upper arm. The patient is to return to modified duty. MTUS does not discuss Lunesta or treatment for sleep issues. ODG guidelines were consulted. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Lunesta is being requested due to increasing sleep problems. Regarding Lunesta, ODG recommends short-term use of up to 3 weeks in the first two months of injury. It is not recommended for long-term use. In this case, the medication quantity being requested is not provided. It is not known how long the patient has been taking Lunesta and the patient injury occurred in 2013. Due to the limited information available, the request cannot be considered to be in accordance with the guidelines. Therefore, the request IS NOT medically necessary.