

Case Number:	CM15-0041194		
Date Assigned:	03/11/2015	Date of Injury:	09/10/2011
Decision Date:	04/14/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained a work/ industrial injury on 9/10/11. She has reported initial symptoms of neck and back pain. The injured worker was diagnosed as having lumbago, compression fracture of lumbar vertebra, lumbosacral neuritis, lumbar sprain, cervicgia, and lumbosacral spondylosis. Treatments to date included: medication, physical therapy, acupuncture, chiropractic care, and diagnostics. The treating physician's report (PR-2) from 3/12/15 indicated pain, stiffness, and tightness in the lumbar region that was slowly improving with treatment. Examination noted severe tenderness to quadratus lumborum, lumbar paraspinal, gluteus muscles, bilaterally. Restriction was noted at L4-5 and S1. Diagnosis was lumbar spondylolysis. Medications included Gabapentin, Omeprazole, Diclofenac, Eszopiclone, LidoPro cream. Treatment plan was for renewal of medications to include Omeprazole and Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for chronic back pain and has a history of a lumbar compression fracture. The treating provider documents a history of gastritis. Medications included diclofenac 100 mg two times per day. Guidelines recommend consideration of a proton pump inhibitor such as omeprazole for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take diclofenac at the recommended dose and has a history of gastritis. Therefore the requested omeprazole was medically necessary.

Lidopro cream 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, p60 Page(s): 60.

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for chronic back pain and has a history of a lumbar compression fracture. The treating provider documents a history of gastritis. Medications included diclofenac 100 mg two times per day. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary.