

<b>Case Number:</b>	CM15-0045966		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/19/1999
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 72-year-old male, who sustained an industrial injury on May 19, 1999. He reported injury of the low back and bilateral knees. The injured worker was diagnosed as having lumbar degenerative disc disease, and knee injury Treatment to date has included medications, home exercise program, and transcutaneous electrical nerve stimulation. On November 21, 2014, he was seen for intermittent low back pain, and bilateral knee pain. He indicates his pain is controlled with use of transcutaneous electrical stimulation, and occasional medications. The treatment plan included: refill of Omeprazole, Flexeril, continue other medications, continue home exercise program, and use of transcutaneous electrical nerve stimulation. The request for LidoPro cream 121 grams, and Omeprazole 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Cream 121 Gram #1:** 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 low back and bilateral knee pain. The request is for LIDOPRO CREAM 121 GRAMS #1. The RFA is not provided. Patient's diagnosis included lumbar degenerative disc disease and knee injury. The reports do not reflect whether the patient is working. 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 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 BID #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 and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with low back and bilateral knee pain. The request is for OMEPRAZOLE 20MG BID #60. The RFA is not provided. Patient's diagnosis included lumbar degenerative disc disease and knee injury. Per progress report dated 01/30/15 the patient's pain is mostly well controlled with TENS unit and occasional medications such as muscle relaxant and NSAIDs. Medications reduced his pain and improve ADLs by 80% but due to gastric symptoms, the patient tries to limit oral intake. The reports do not reflect whether the patient is working. 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. In this case, Omeprazole was first noted in the progress report dated 11/21/14. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Review of the medical records show history of gastric symptoms and the patient is concurrently using NSAIDs. The patient presents with an indication for Omeprazole. Therefore, the request IS medically necessary.