

Case Number:	CM15-0047505		
Date Assigned:	03/19/2015	Date of Injury:	02/03/2009
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/12/2015

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, Hawaii
 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 65 year old male who sustained an industrial injury on 2/3/09. The injured worker reported symptoms in the bilateral lower extremities. The injured worker was diagnosed as having bilateral calcaneus fracture, bilateral subtalar post-traumatic osteoarthritis from calcaneus malunion and antalgic gait pattern. Treatments to date have included oral pain medication, activity modification, nonsteroidal anti-inflammatory drugs, status post left foot surgery, high top boot, and wheelchair use. Currently, the injured worker complains of pain in the bilateral feet and ankles. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with bilateral foot and ankle pain. The current request is for Omeprazole 20 mg, #30. The treating physician states the patient's pain ranges from 4-8/10 on the pain VAS and recently worsened due to the cold weather. The MTUS guidelines state, Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. One, age is more than 65 years. Two, history of peptic ulcers, GI bleeding, or perforation. Three, concurrent use of ASA, corticosteroids, and/or anticoagulant. Four, high-dose multiple NSAIDs. In this case, the treating physician is not prescribing an NSAID for this patient. Alternative treatments have been utilized because the patient is intolerant of NSAIDs due to a gastrointestinal reaction. The current request is not medically necessary and the recommendation is for denial.

Compound medication: Flurbiprofen/Lidocaine cream #180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics - topical non-steroidal anti-inflammatory drugs (NSAIDs).

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

Decision rationale: The patient presents with bilateral foot and ankle pain. The current request is for compound medication: Flurbiprofen/lidocaine cream, #180 grams. The treating physician states the patient's pain ranges from 4-8/10 on the pain VAS and recently worsened due to the cold weather. The MTUS guidelines state, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, the treating physician has prescribed a form of lidocaine (cream) that is not supported by MTUS. If any compounded product contains at least one drug that is not recommended the product is not recommended. The current request is not medically necessary and the recommendation is for denial.