

Case Number:	CM15-0055132		
Date Assigned:	03/30/2015	Date of Injury:	05/15/2014
Decision Date:	05/06/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/23/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female patient, who sustained an industrial injury on May 15, 2014. She reported right ankle and back pain. The diagnoses include foot strain/sprain, hip or thigh strain, lumbar sprain/strain and status post right ankle surgery. She sustained the injury due to slipped and fell on wet floor. Per the doctor's note dated 3/30/2015, she had complains of right ankle pain, low back pain and depression. Physical examination revealed antalgic gait, decreased lumbar and right ankle range of motion, tenderness of the foot with diffuse edema and discoloration; unable to heel walk and painful resisted dorsi/plantar flexion; tenderness over the left lumbar paraspinals. The medications list include cephalexin, lunesta, gabapentin, naproxen, omeprazole, cyclobenzaprine and lidopro ointment. She has had right ankle X-rays. She has undergone right ankle ORIF surgery on 7/17/2014. She has had TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113 Lidopro is a topical compound cream which contains capsaicin, lidocaine, menthol and methylsalicylate.

Decision rationale: Request: Lidopro cream 121 grams. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is taking gabapentin. Failure of antidepressants and anticonvulsants is not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Capsaicin and Lidocaine are not recommended in this patient for this diagnosis as cited. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of Lidopro cream 121 grams is not fully established for this patient. Therefore, the requested medical treatment is not medically necessary.

Omeprazole 20 mg, sixty count: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: Request: Omeprazole 20 mg, sixty count. Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (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 (e.g., NSAID + low-dose ASA). There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Omeprazole 20 mg, sixty count is not established for this patient and is not medically necessary.

