MAXIMUS Federal Services

| Case Number: | CM15-0055650 | | |
|---|---|---|---|
| Date Assigned: | 03/30/2015 | Date of Injury: | 05/17/2013 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 03/10/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

## 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, Pain Management, Occupational Medicine

## 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 38 year old female, who sustained an industrial injury on May 17, 2013. She has reported neck pain, bilateral shoulder pain, and bilateral arm pain. Diagnoses have included brachial neuritis or radiculitis, cervical spine radiculopathy, cervical spine degenerative disc disease, left wrist tear, right shoulder tendinopathy, repetitive stress injury, and myofascial pain. Treatment to date has included medications, bracing, heat, transcutaneous electrical nerve stimulation unit, trigger point injections, home exercise, imaging studies, and diagnostic testing. A progress note dated February 18, 2015 indicates a chief complaint of chronic wrist, hand, neck and shoulder pain. The treating physician documented a plan of care that included medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 01/21/15): Omperazole 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** MTUS 2009 states that proton pump inhibitors such as Omeprazole are an option to use with NSAIDS for individuals with an intermediate history of gastrointestinal events. Omepraze is also indicated for gastroesophageal reflux disease (GERD). The patient is not prescribed NSAIDs and is not diagnosed with GERD. A progress note reports that gastrointestinal irritation is improved with the omeprazole. However, there is no diagnosis associated with the symptoms. There is no review of symptoms or examination, which explains the etiology of the gastrointestinal discomfort. This request for Omeprazile does not adhere to MTUS 2009 and is therefore not medically necessary.

**Retro (DOS 01/21/15): Lidopro cream 121gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

**Decision rationale:** MTUS 2009 states that topical analgesics such as Lido Pro are largely experimental without demonstrated efficacy and safety. There are no clinical trials demonstrating the superiority of LidoPro to over the counter analgesics with respect to safety and efficacy. In this particular case, there is no objective functional improvement attributable to its use. This request for Lido Pro does not adhere to MTUS 2009 guidelines and its use has not shown any demonstrable functional improvement. Therefore, this request for Lido Pro is not medically necessary.