

<b>Case Number:</b>	CM15-0061852		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on 6/18/14. He reported initial complaints of abdominal pain. The injured worker was diagnosed as having lumbar disc disease NEC/NOS; lumbar discogenic syndrome; lumbosacral or thoracic neuritis or radiculitis; umbilical hernia. Treatment to date has included status post laparoscopic umbilical ventral hernia repair with mesh placement (11/19/14); acupuncture. Currently, the PR-2 notes dated 3/3/15 the injured worker complains of low back pain constant, radiculopathy, numbness to the lower extremities and buttock area; no abdominal discomfort. The typed notes indicate the injured worker has completed acupuncture and to continue home exercise and TENS. The medications prescribed note mild symptom relief and very helpful managing muscle pain. The provider is requesting the continued authorization of Omeprazole 20 mg, sixty count, Naproxen sodium 550 mg, sixty count and Lidopro cream, 121 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Proton Pump Inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin of corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are abdominal wall hernia; lumbar discogenic syndrome; and lumbosacral or thoracic neuritis. There is no documentation in the medical record indicating a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin of corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Documentation from a June 18, 2014 note and December 10, 2014 note does not list current medications in the record. On January 30, 2015, the treating physician wrote, "refill meds." A review of the record contains a pharmacy print out with omeprazole 20 mg. There is no clinical indication for clinical rationale in the medical record for omeprazole 20 mg. There are those start dates in the medical record for the medications. Objective documentation in the medical record is limited to no tenderness to help patient in the abdomen and + lumbar. Consequently, absent clinical documentation with a clinical indication or rationale for a proton pump inhibitor with risk factors for co-morbid conditions, Omeprazole 20 mg #60 is not medically necessary.

**Naproxen sodium 550 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen sodium 550 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are abdominal wall hernia; lumbar discogenic syndrome; and lumbosacral or thoracic neuritis. Documentation from a June 18, 2014 note and December 10, 2014 note does not list current medications in the record. On January 30, 2015, the treating physician wrote, "refill meds." A review of the record contains a pharmacy print out with Naproxen sodium 550mg. There is no clinical indication for clinical rationale in the medical record for naproxen sodium. There are those start dates in the medical record for the medications. Objective

documentation in the medical record is limited to no tenderness to help patient in the abdomen and + lumbar. There are no start dates in the medical record for the naproxen sodium. Consequently, absent clinical documentation with a clinical indication or rationale for a non-steroidal anti-inflammatory drug (naproxen sodium 550 mg), Naproxen sodium 550 mg #60 is not medically necessary.

**Lidopro cream, 121 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidopro cream #121grams is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro contains Capsaicin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are abdominal wall hernia; lumbar discogenic syndrome; and lumbosacral or thoracic neuritis. The documentation does not contain a start date for the Lidopro cream. The topical analgesic is not documented in the medical record by name. The June 18, 2014 and December 10, 2014 progress notes do not have current medications listed in the record. A January 30, 2015 progress note states "refill meds." The pharmacy printout in the medical record lists the Lidopro cream by name. Subsequent progress notes from February 2015 and March 2015 also do not list the medication by name. There is no clinical indication or rationale for topical analgesic in the medical record. Lidocaine in non-Lidoderm form is not recommended. Capsaicin 0.0325% is not recommended. Any compounded product that contains at least one drug (Capsaicin 0.0325% and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, Lidopro cream is not recommended. Absent clinical documentation with a clinical indication or rationale, failure of first-line neuropathic medications with no documentation of neuropathic symptoms or signs, Lidopro cream #121grams is not medically necessary.