

<b>Case Number:</b>	CM15-0082785		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 50 year old male, who sustained an industrial injury on 09/13/2012. He has reported injury to the neck, bilateral knees, left ankle, and low back. The diagnoses have included herniated nucleus pulposus lumbar spine; lumbar radiculopathy; right knee medial meniscus tear, status post right knee arthroscopy with medial meniscectomy; and left knee arthroscopy with medial meniscectomy. Treatment to date has included medications, diagnostics, injections, acupuncture, medial branch block, chiropractic, physical therapy, and surgical intervention. Medications have included Norco, Omeprazole, Lidopro, and Naproxen. A progress note from the treating physician, dated 02/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the right knee with intermittent popping and locking; pain is rated 5/10 on the visual analog scale; decreased swelling of the right knee; and the medications increase function and decrease pain. Objective findings included swelling over the suprapatellar bursa of the right knee; minimal tenderness to palpation over the portal sites; and no pain with range of motion. The treatment plan has included the request for Lidopro topical ointment, quantity 1; and Omeprazole 20mg, quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro topical oinment, quantity 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112 of 127.

**Decision rationale:** Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested Lidopro ointment is not medically necessary.

**Omeprazole 20mg quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69 of 127.

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.