

Case Number:	CM14-0122753		
Date Assigned:	08/08/2014	Date of Injury:	07/29/2008
Decision Date:	10/16/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 55-year-old female was reportedly injured on 7/29/2008. The most recent progress note, dated 7/9/2014, indicated that there were ongoing complaints of right foot/ankle pains. The physical examination demonstrated right ankle had positive tenderness to palpation to the lateral aspect of the ankle with noted skin color changes of the right foot. No recent diagnostic studies are available for review. Previous treatment included therapy, medication, TENS unit, psychiatric consultation, and conservative treatment. A request had been made for LidoPro ointment 121 g, omeprazole 20 mg #60 and cyclobenzaprine 7.5 mg #90, and was not certified in the pre-authorization process on 7/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121 g per 06/24/14 form QTY 1.0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: Lidopro is a topical compounded preparation containing capsaicin, lidocaine, menthol and methyl salicylate. MTUS guidelines state that topical analgesics are

"largely experimental" and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines note there is little evidence to support the use of topical lidocaine or menthol for treatment of chronic neck or back. As such, this request is not considered medically necessary.

Omeprazole 20 mg per 06/24/14 form QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non steroidal anti-inflammatory drugs) and cardiovascular. Decision based on Non-MTUS Citation Official Disability Guidelines - Proton pump inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary

Cyclobenzaprine 7.5 mg per 06/24/14 form QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.