

<b>Case Number:</b>	CM14-0129599		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 38-year-old woman who sustained a work related injury on February 10, 2010. Subsequently, she developed chronic left foot, ankle, neck and low back pain. According to a progress report dated August 28, 2014, the patient continued to have ongoing pain in her lower back. She currently rated her pain as 7/10. CT myelogram of the lumbar spine dated July 28, 2014 showed 3 mm disc bulge at L4-5 and L5-S1. The patient also had CT myelogram of her cervical spine with findings of 2 mm disc bulge at C4-5 and C5-6. On August 12, 2014, the patient underwent a plasma-rich protein injection to her left Achilles tendon. She reported that the injections were beneficial in decreasing her pain and swelling in her left ankle with the effects ongoing. The patient remained on her current oral analgesic medications, which include Duragesic, Roxicodone, Topamax, Prozac, Imitrex, and LidoPro cream. Examination of the cervical spine revealed tenderness to palpation in the posterior cervical spine musculature trapezius, medial scapular, and sub-occipital region. There are multiple trigger points throughout. Sensory examination was decreased along the posterior lateral arm and lateral forearm on the right. Examination of the right foot and ankle revealed mild hypersensitivity to the knee, slight bluish discoloration and swelling when compared to the left. Examination of the left foot and ankle revealed areas of hypersensitivity to light touch. The patient was diagnosed with cervical myoligamentous injury with right upper extremity radiculopathy; right lower extremity complex regional pain syndrome and spinal cord stimulator placement. The provider requested authorization for Lidopro ointment, Prozac, Prilosec, and Imitrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro ointment:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. In addition, in this case, there is no supporting evidence of objective functional improvement to support continued use of LidoPro cream. Based on the above Lido Pro is not medically necessary.

**Prozac 20mg #120: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/prozac-drug.htm>

**Decision rationale:** Prozac is a selective serotonin reuptake inhibitor indicated in case of depression. There is no clear objective documentation of functional gains supporting the patient's claim that her depression symptoms are helped significantly with Prozac. Therefore, the request for prescribing Prozac 20mg #120 is not medically necessary

**Prilosec 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC -Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori

does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg#60 prescription is not medically necessary.

**Imitrex 100mg #9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Migraine Headache Medication.  
<http://emedicine.medscape.com/article/1142556-medication#2>

**Decision rationale:** Imitrex is a Triptan used as abortive medication for moderately severe to severe migraine headaches. There is no documentation that the patient is suffering from a moderate to severe migraine. Therefore, the request for Imitrex 100mg #9 is not medically necessary.