

Case Number:	CM14-0133063		
Date Assigned:	10/10/2014	Date of Injury:	03/22/2011
Decision Date:	11/19/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/20/2014

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 Internal Medicine and is licensed to practice in California. 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 injured worker (IW) is a 42-year-old woman with a date of injury of March 22, 2011. The mechanism of injury is not documented in the medical record. Pursuant to the progress report dated July 17, 2014, the IW came in for evaluation due to complaints of ongoing pain that was rated 8/10. Other details regarding subjective complains, or description of the pain is not documented in the medical. On examination, the injured worker's right shoulder abduction was 60-70 degrees. There was tenderness to palpation. Diagnoses include: Sprain/strain of the elbow; cervical radiculopathy; poor coping; chronic pain syndrome; overuse syndrome; DeQuervain tenosynovitis; and right wrist joint pain, ganglion tear. There is conflicting documentation in the record as to pain relief with oral medications. The provider indicated that oral pain medications are no longer helping pain relief, however, Toradol is helping a lot. The treatment plan recommendations are to continue with Tramadol/APAP, Topiramate, Omeprazole, Lidopro cream, and TENS patches. There is no mention of Toradol in the plan recommendations. There is no documentation notes as to the indication of Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment 4oz #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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); Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the official disability guidelines, Lidopro topical ointment 4 ounces, #1 is not medically necessary. The guidelines state topical analgesics are largely experimental with few randomized controlled trials to determine efficacy and safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Further research is needed to recommend this treatment of chronic neuropathic pain. Lidocaine topical is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed no superiority over placebo. In this case, Lidopro topical was prescribed. Lidopro contains capsaicin, lidocaine, menthol, and methyl salicylate ointment. Menthol and lidocaine are not recommended for non-neuropathic pain. In this case, there was no medical documentation to support neuropathic pain. Additionally, menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended is not recommended. Consequently, Lidopro is not recommended. Also, topical lidocaine is not recommended for non-neuropathic pain. Based on the clinical information and medical record and the peer-reviewed evidence-based guidelines, Lidopro topical ointment 4oz #1 is not medically necessary.

Omeprazole 20mg capsules #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor; NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIs, GI Symptoms, And Cardiovascular Risks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section; NSAIs, GI Symptoms, and Cardiovascular Risks

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg capsules #60 are not medically necessary. The guidelines state proton pump inhibitors are indicated for patients at intermediate or high risk for gastrointestinal events and specific cardiovascular disease states. Risk factors include age greater than 65; history of peptic ulcer disease; history concurrent aspirin or steroid use; and multiple or high-dose nonsteroidal anti-inflammatory drug use. In this case, the documentation is limited. One progress note states the injured worker was taking Toradol yet the plan does not include Toradol. There is no documentation in the medical record stating the injured worker has history of peptic ulcer disease, G.I. bleeding, concurrent aspirin or steroid use or multiple/high-dose nonsteroidal anti-inflammatory drug use. Additionally, there is no indication documented in medical record format result. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, omeprazole 20 mg #60 is not medically necessary.

Topiramate 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-18, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-seizure drugs Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain section, Anti-Seizure Medications

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Topiramate 50 mg #60 is not medically necessary. The guidelines state anti-epileptic drugs (anticonvulsants) are recommended for neuropathic pain (due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain. The choice of specific anticonvulsants will depend on the balance between effectiveness and adverse reactions. Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain essential etiology. In this case, there is limited documentation. There is no medical documentation supporting a diagnosis of neuropathic pain. The diagnoses listed are overuse syndrome, DeQuervain's tenosynovitis, chronic pain syndrome and pain in joint upper arm, cervical radiculopathy, and sprain/strain elbow. There is no clinical support stating neuropathic pain is present. Based on clinical information in the medical record and a peer-reviewed evidence-based guidelines, Topiramate 50 mg #60 is not medically necessary.