

<b>Case Number:</b>	CM14-0085343		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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, Pulmonary Disease 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 is a 57-year-old female who reported an injury of unknown mechanism on 06/30/2010. On 12/20/2013, her diagnoses included status post 2 right carpal tunnel releases and 1 left carpal tunnel release, bilateral shoulder bursitis and impingement, bilateral knee chondromalacia of the patella, bilateral elbow medial epicondylitis, chronic neck pain, right shoulder full thickness perforation and partial undersurface tear of the supraspinatus tendon, left shoulder full thickness supraspinatus tendon tear with 1 cm retraction and bilateral shoulder SLAP lesions. Her medications included omeprazole 20 mg, LidoPro topical ointment, hydrocodone/APAP 5/325 mg and Ketoprofen 75 mg. On 04/28/2014, her complaints included ongoing neck pain and bilateral shoulder pain, which she rated at 6/10. She had cramping and spasms in both hands and tingling radiating down her arms. The rationale for the requested Ketoprofen was that it was needed for pain and inflammation. The rationale for the requested omeprazole was that it was for gastritis. A Request for Authorization dated 04/28/2014, was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Topical Ointment 4 oz #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for LidoPro topical ointment 4 ounces #1 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control including capsaicin and local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. LidoPro contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10% and Methyl Salicylate 25.5%. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis. There have been no studies of a 0.0325% formulation of Capsaicin and there is no current research to indicate that this increase over a 0.025% formulation would provide any further efficacy. The only form of FDA approved topical application of Lidocaine is the 5% transdermal patch for neuropathic pain. The guidelines do not support the use of this compounded ointment. Additionally, the body part or parts to which this ointment was to have been applied was not specified in the request. Therefore, this request for LidoPro topical ointment 4 ounces #1 is not medically necessary.

**Ketoprofen 75 mg, #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-73.

**Decision rationale:** The request for Ketoprofen 75 mg #180 is not medically necessary. The California MTUS Guidelines recommend that NSAIDs be used at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The submitted documentation revealed that this injured worker has been using Ketoprofen since 12/20/2013, which exceeds the recommendations in the guidelines of using NSAIDs for the shortest period of time. Additionally, this injured worker does not have a diagnosis of osteoarthritis. Furthermore, there is no frequency of administration specified in the request. Therefore, this request for Ketoprofen 75 mg #180 is not medically necessary.

**Omeprazole 20 mg, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for omeprazole 20 mg #120 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include omeprazole, may be recommended, but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, and gastroesophageal reflux disease and laryngopharyngeal reflux. The injured worker did not have any of the above diagnoses nor did she meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for Omeprazole 20 mg #120 is not medically necessary.