

<b>Case Number:</b>	CM14-0091936		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 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 55-year-old female who reported an injury on 01/13/2012. The mechanism of injury was a fall. She was diagnosed with internal derangement of the left knee. Her past treatment has included topical analgesics, a TENS unit, acupuncture, and medications. On 05/19/2014, the injured worker presented with complaints of left knee pain. She was also noted to complain of occasional heartburn and acid reflux, which had improved with use of omeprazole. Her physical examination revealed limited range of motion in the left knee and tenderness to palpation. Her medications were noted to include Norco, omeprazole, and LidoPro cream. The treatment plan included medication refills, continued home exercises and use of a TENS unit, and a Functional Capacity Evaluation. A clear rationale for the continuation of omeprazole and LidoPro cream was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, one tab po bid dispensed on 05/19/2014 quantity: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

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

**Decision rationale:** According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients taking NSAID medications who have been found to be at increased risk for gastrointestinal events, or who have reported dyspepsia related to NSAID use. The clinical information submitted for review indicated that the injured worker had reported occasional heartburn and reflux, which was improved with use of omeprazole. However, there was no documentation indicating that she was utilizing NSAID medications or that her dyspepsia had been related to NSAID use. In addition, there was no documentation showing that she was at increased risk for gastrointestinal events. For these reasons, use of omeprazole is not supported by the evidence-based guidelines. As such, the request is not medically necessary.

**Topical Lidopro cream dispensed on 05/19/2014 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 Topical analgesics, Salicylate topicals Page(s): 111-113 105.

**Decision rationale:** According to the California MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, the guidelines state that any topical compounded product that contains at least 1 drug that is not recommended is also not recommended. LidoPro lotion contains capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, methyl salicylate 27.5%. The guidelines do support use of topical salicylates, as they have been shown to be better than placebo for chronic pain. However, the guidelines do not support any formulation of topical capsaicin over 0.025%, and topical lidocaine is only supported for neuropathic pain in the formulation of a Lidoderm patch. The clinical information submitted for review failed to indicate that the injured worker has neuropathic pain that has failed trials of antidepressants and anticonvulsants. In addition, the requested topical compound contains capsaicin 0.0325% and lidocaine, not in the formulation of a Lidoderm patch. Therefore, this topical compound is not supported. In addition, the request failed to provide a frequency of use and a specific quantity being requested. For these reasons, the request is not medically necessary.