

<b>Case Number:</b>	CM14-0094516		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/21/2014

### 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 Family Practice and is licensed to practice in Texas. 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 31 year old male who reported an injury on 06/20/2013. The mechanism of injury occurred while pulling a choker cable around the base of a fallen tree. His diagnoses included thoracic strain, cervical strain, paresthesias, and tendinitis of the left shoulder. The injured worker's past treatments included 8 physical therapy sessions, medications, home exercise, and a cortisone injection to the left upper back on 12/11/2013. His diagnostic exams consisted of an MRI of the left shoulder, electromyography of the left shoulder on 12/03/2013, and an X-ray of the neck. His surgical history was not indicated in the clinical notes. On 05/29/2014, the injured worker complained of constant left upper back pain, which he rated 7-8/10. He also reported constant numbness in his left hand and difficulty sleeping. The injured worker conveyed that his pain was made worse when he performed minimal lifting and sat for a short period of time. The physical exam revealed 2+/4+ spasms and tenderness over the left neck; 2+/4+ tenderness over the left short head of the biceps tendon; decreased left grip strength; decreased sensation over the left radial nerve; and decreased range of motion to his upper back. His medications consisted of Prilosec 20mg, Flexeril 7.5mg, Lidopro ointment, and Naprosyn 550mg. The treatment plan included the use of a TENS unit, continuation of the home exercise program, continuation of medications, Lidopro 121g, and Omeprazole 20mg #60. The requested treatment included Lidopro 121g and Omeprazole 20mg #60. The rationale for the request was not clearly indicated. The Request for Authorization form was signed and submitted on 05/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Prescription of Lidopro 121g: 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 Page(s): 111-113.

**Decision rationale:** The request for Lidopro 121g is not medically necessary. The active ingredients in Lidopro are Capsaicin 0.0325%, Lidocaine HCL 4%, Menthol 10%, and Methyl Salicylate 27.5%. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is indicated for osteoarthritis, fibromyalgia and chronic low back pain. The guidelines recommended it only as an option in injured workers who have not responded to or are intolerant to other treatments. The guidelines also state there is no indication that a formulation greater than 0.025% provides any further efficacy. Lidocaine is recommended for neuropathic pain. However, the only commercially approved topical formulation of lidocaine is Lidoderm. No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. Methyl Salicylate is recommended. There is a lack of documentation regarding failed trials of antidepressants and anticonvulsants. Nonetheless, the requested cream contains at least one drug that is not recommended; therefore, use of the requested cream is not supported. Furthermore, the submitted request does not specify the frequency or site of application. As such, the request for Lidopro 121g is not medically necessary.

## **1 Prescription of Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

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

**Decision rationale:** The request for 1 Prescription of Omeprazole 20mg #60 is not medically necessary. The CA MTUS Guidelines recommend proton pump inhibitors for injured workers taking NSAIDs who are experiencing current gastrointestinal problems or those at risk for gastrointestinal event. The criteria to determine if the injured worker is at risk for gastrointestinal events includes: age 65 years and older; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of Aspirin, corticosteroids, anticoagulant therapy; or high dose/multiple NSAID use. According to the clinical notes the injured worker did not have complaints of gastrointestinal discomfort. He also did not have any indications of being at risk for gastrointestinal event. Due to lack of clinical evidence that the injured worker is at risk for gastrointestinal events and lack of documentation that states that he complained of dyspepsia

secondary to NSAID use, the request is not supported. Therefore, the request for 1 Prescription of Omeprazole 20mg #60 is not medically necessary.