

<b>Case Number:</b>	CM14-0094531		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 New York. 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 claimant is a 40 year old female who sustained an industrial injury on 01/13/2014. The mechanism of injury was not provided for review. Her diagnoses included crushing injury of the finger, lateral epicondylitis of the left elbow, and mononeuritis. On exam there is tenderness on the lateral aspect of the left elbow and the dorsum of the left hand. There is full range of motion of the elbow and sensation is intact. Treatment has included medical therapy. The treating provider has requested LidoPro ointment. Omeprazole 20mg # 60, and Chiropractic therapy x 6 visits. The treating provider has requested LidoPro ointment. Omeprazole 20mg # 60, and Chiropractic therapy x 6 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Ointment 4 oz.:** Upheld

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

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

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medication, LidoPro ointment. Per California MTUS Guidelines topical analgesics are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating LidoPro ointment. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is "recommended only as an option in patients who have not responded or are intolerant to other treatments." There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medication has not been established. The requested treatment for LidoPro Ointment 4 oz. is not medically necessary.

**Omeprazole 20mg Capsule #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of Aspirin, Corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI issues. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The request for Omeprazole 20mg Capsule #60 is not medically necessary.

**6 Chiropractor Therapy Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** Per the reviewed guidelines, manual therapy and manipulations are not recommended for the forearm, wrist and hand. There is no indication for chiropractic therapy at this time. Medical necessity for the requested service has not been established. The request for 6 Chiropractor Therapy Visits is not medically necessary.