

Case Number:	CM15-0116253		
Date Assigned:	06/24/2015	Date of Injury:	12/26/2012
Decision Date:	07/23/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 62 year old male, who sustained an industrial injury on 12/26/2012. He reported injury to the low back, left leg, left shoulder and the neck associated with bilateral upper extremity pain and numbness. Diagnoses include lumbar discogenic syndrome, cervicgia, and radiculitis. Treatments to date include Tramadol, gabapentin, physiotherapy, TENS unit, and epidural injections. Currently, he complained of constant neck pain with upper extremity tingling and burning and low back pain with lower extremity numbness and tingling. Medication was noted to provider 30% improvement in symptoms. Lidopro and gabapentin were noted to be managing neuropathic pain. On 5/20/15, the physical examination documented decreased lumbar and cervical pain with tenderness and muscle spasms noted. The plan of care included Lidopro ointment for topical analgesic #121 grams, and Omeprazole 20mg tablets #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidopro 121gm #1, DOS: 05/02/2015: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the retrospective request for Lido Pro cream is not medically necessary.

Retrospective request for Omeprazole 20mg #60, DOS: 05/02/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg, #60 prescription is not medically necessary.