

Case Number:	CM15-0128974		
Date Assigned:	07/15/2015	Date of Injury:	07/10/2014
Decision Date:	08/14/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/02/2015

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: California

Certification(s)/Specialty: Family Practice

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 54 year-old female, who sustained an industrial injury on 7/10/2014. Diagnoses include right shoulder pain, right shoulder impingement and bursitis. Treatment to date has included diagnostics, home exercise, transcutaneous electrical nerve stimulation (TENS) unit, chiropractic care, medications, heat application, and paraffin baths. Per the Primary Treating Physician's Progress Report dated 6/17/2015, the injured worker reported right shoulder pain rated 3-5/10 with radiation to the right trapezius and down to the right elbow. Physical examination of the cervical spine revealed full range of motion. Examination of the right shoulder revealed tenderness to the anterior and posterior aspects with decreased range of motion. There was a positive impingement sign. The plan of care included continuation of home exercise, TENS unit, electric heating pad, paraffin baths at home, ultrasound treatments x12, chirotherapy and oral and topical medications and authorization was requested for Naproxen 550mg #60, Gabapentin 300mg #60, Omeprazole 20mg #60 and LidoPro cream 121 gm 4 oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, proton pump Inhibitor Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (PPIs), such as omeprazole, as a treatment modality. Typically, PPIs are used to address the risk of a significant gastrointestinal side effect from the use of an NSAID. Based on these guidelines, clinicians should weight the indications for NSAIDs and determine if the patient is at risk for gastrointestinal events. These risk factors include the following: (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). The MTUS recommendations are that in patients with no risk factors, PPIs are not indicated. In this case, the records indicate that the patient does not have any of the GI risk factors described above. There is no diagnosis of any significant adverse GI event to include an ulcer, GI bleeding or the concurrent use of ASA, corticosteroids and/or an anticoagulant. For these reasons, the use of Omeprazole is not medically necessary.

Lidopro cream 121gm 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112, 105.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics as a treatment modality, including LidoPro. Topical analgesics are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. They 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. LidoPro is a compounded cream that contains the following: Lidocaine, capsaicin, menthol and methylsalicylate. Regarding the component lidocaine, the MTUS guidelines state the following: Lidocaine is indicated for the treatment of neuropathic pain. It is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the records do not indicate that that patient has a neuropathic component of her chronic pain syndrome. There is no specific diagnosis in the medical records that supports the presence of a neuropathy. Given the lack of support for a neuropathic process, there is no indication for the use of a compounded topical analgesic that includes lidocaine. Given that lidocaine is not indicated, the entire compounded topical analgesic is not medically necessary. For these reasons, LidoPro cream is not medically necessary.