

<b>Case Number:</b>	CM15-0024375		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old female sustained an industrial injury on 11/3/11, with subsequent ongoing cervical spine, shoulder and upper back pain. Magnetic resonance imaging cervical spine (3/27/14) showed congenital narrowing of the spinal canal, disc osteophyte complex and disc protrusion with mild foraminal narrowing. In a PR-2 dated 1/29/14, the injured worker complained of pain 5/10 on the visual analog scale to cervical spine, thoracic spine and shoulder. The injured worker reported that medications were helpful for pain and that she experienced decreased gastrointestinal symptoms with Omeprazole. Physical exam was remarkable for tenderness to palpation to bilateral shoulders at the deltoid, bicipital groove, trapezius and periscapular muscles with limited range of motion. The treatment plan included physical therapy, periodic subacromial cortisone injections and continuing medications (Lidopro, Tramadol and Omeprazole). On 2/6/15, Utilization Review noncertified a request for Lidopro cream 121gm #1 bottle and Omeprazole 20mg #60 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Overturned

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

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

**Decision rationale:** Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the provider noted that the patient has GI symptoms that are improved with the use of omeprazole. In light of the above, the currently requested omeprazole is medically necessary.

**Lidopro cream 121gm #1 bottle:** 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:** Regarding the request for Lidopro, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Topical lidocaine is Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Additionally, it is supported only as a dermal patch. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Lidopro is not medically necessary.