

Case Number:	CM15-0063825		
Date Assigned:	04/10/2015	Date of Injury:	05/06/2006
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic back and shoulder pain reportedly associated with an industrial injury of May 6, 2006. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve a request for Protonix and topical LidoPro lotion. The claims administrator referenced a RFA form received on March 5, 2015, in its determination, as well as a progress note dated February 25, 2015. The applicant's attorney subsequently appealed. On February 26, 2015, the applicant reported ongoing complaints of neck and shoulder pain with derivative complaints of depression and sleep disturbance. The applicant received prescriptions for Norco, Ambien, Neurontin, tramadol, LidoPro, and Protonix. The applicant was not working, it was acknowledged. A replacement of TENS unit was proposed. There was no mention of the applicant having any issues with reflux, heartburn, and/or dyspepsia. The applicant reported that standing, climbing, and squatting remained problematic. While the attending provider stated that Protonix was intended for upset stomach, the attending provider never stated whether the applicant was personally experiencing issues with dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

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

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

Decision rationale: No, the request for Protonix, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Protonix are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on or around the date of the request, February 25, 2015. While the attending provider stated that Protonix was intended for upset stomach, there was no mention of the applicant's personally experiencing any issues with upset stomach anywhere in the body of the report or in the review of systems section of the same. Therefore, the request was not medically necessary.

Lidopro lotion 4oz #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LidoPro Daily Meddailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...Dec 1, 2012 - LIDOPRO- capsaicin, lidocaine hydrochloride, menthol and methyl salicylate ointment.

Decision rationale: Similarly, the request for topical LidoPro lotion was likewise not medically necessary, medically appropriate, or indicated here. Per the National Library of Medicine (NLM), LidoPro is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is recommended only as a last line agent, for applicants who have not responded to and/or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including tramadol, Norco, Neurontin, etc., effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.