

Case Number:	CM15-0067255		
Date Assigned:	05/04/2015	Date of Injury:	02/29/2012
Decision Date:	06/03/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/08/2015

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: Ohio, North Carolina, Virginia
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 39-year-old male, with a reported date of injury of 02/29/2012. The diagnoses include myofascial pain syndrome, bilateral rotator cuff syndrome, cervical spine strain, left hand fracture, and status post bilateral shoulder surgery. Treatments to date have included oral medications. The progress report dated 02/24/2015 was handwritten and somewhat illegible. The report indicates that the injured worker complained of acute spasms of the bilateral shoulder muscles. The objective findings include bilateral shoulder scar, positive right carpal tunnel compression, bilateral cervical facet maneuver, and spasm of the bilateral trapezius. The treating physician requested Omeprazole, Flexeril, and Lidopro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, gastrointestinal symptoms, and cardiovascular risk Page(s): 68-69.

Decision rationale: Those patients prescribed NSAIDS should have a risk assessment to see if they are risk for GI events like gastric ulceration. Those risk factors include (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). Those with risk factors may be prescribed a proton pump inhibitor such as omeprazole. For those with dyspepsia as a consequence of NSAID therapy, it is recommended that the clinician Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this instance, it seems the injured worker is taking an NSAID, but we are not told which. The submitted record is silent regarding any side effects from this NSAID. The utilization reviewer noted that the clinician informed him that the injured worker has gastrointestinal reflux symptoms (GERD). As the submitted medical record contains no references to the need for Omeprazole, and because the injured worker does not appear to possess the above risk factors, Omeprazole 20 mg #100 is not medically necessary and appropriate.

Flexeril 7.5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants (for pain) Page(s): 41, 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. It is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. In this instance, the injured worker presents about every 3 months complaining of acute spasms of the trapezii. This is borne out by the physical exam. The treating physician has been providing approximately one-month's worth of flexeril at this interval for acute spasms. Therefore, Flexeril 7.5 mg #90 is medically necessary and appropriate

Lidopro 4% Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylate Page(s): 111-113, 105.

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

Decision rationale: Lidopro ointment contains capsaicin 0.00325g in 1g, lidocaine hydrochloride .04g in 1g, menthol .1g in 1g, methyl salicylate .275g in 1g. The referenced guidelines state that any compound containing one or more non-recommended ingredients is not recommended in

its entirety, Topical NSAIDs such as methyl salicylate Indications 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. Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. In this instance, Lidopro ointment was prescribed on 2-24-2015 for the injured worker's hand numbness. Topical NSAIDS such as methyl salicylate are not indicated for neuropathic pain. The only approved formulation of lidocaine is in the form of a dermal patch and not an ointment. Therefore, Lidopro 4% ointment is not medically necessary and appropriate.