

Case Number:	CM15-0068545		
Date Assigned:	04/16/2015	Date of Injury:	02/19/2013
Decision Date:	05/19/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/10/2015

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 53-year-old who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of February 19, 2013. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve requests for a urine drug screen, omeprazole, and topical LidoPro. The claims administrator referenced a February 18, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On February 18, 2015, the attending provider placed the applicant off of work, on total temporary disability. LidoPro lotion, Naprosyn, Prilosec, Neurontin, Flexeril, and urine drug testing were endorsed. The note was handwritten, sparse, thinly developed, and extremely difficult to follow. Ongoing complains of shoulder pain were reported. Ultimately, the applicant was placed off of work, on total temporary disability, and asked to consult another provider. There was no explicit mention of the applicant's having symptoms of reflux, heartburn, and/or dyspepsia. It was not stated for what purpose omeprazole was being employed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for a urine drug screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODGs Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, clearly identify when an applicant was last tested, and attempt to categorize the applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not clearly state which drug tests and/or drug panels were being sought. The attending provider did not state when the applicant was last tested. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation nor signaled his intention to eschew confirmatory and/or quantitative testing. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Omeprazole 20 mg, 100 count: Upheld

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): 69.

Decision rationale: Similarly, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of 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 in question, February 18, 2015. The attending provider did not furnish a clear or compelling rationale for continued usage of omeprazole here. Therefore, the request was not medically necessary.

PidoPro x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LidoPro 4% - DailyMeddailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid...b332...Feb 3, 2015 - LIDOPRO- capsaicin, lidocaine hydrochloride, menthol and methyl salicylate ointmen.

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