

Case Number:	CM15-0069834		
Date Assigned:	04/17/2015	Date of Injury:	10/06/2009
Decision Date:	05/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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: Massachusetts

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:

The injured worker is a 48-year-old female who sustained an industrial injury on 10/06/2009. The injured worker was diagnosed with chronic pain, lower back degenerative disc disease, spondylolisthesis, lumbar radiculopathy, myofascial pain and left knee pain. The injured worker has a medical history of hypertension and gastritis. Treatment to date includes diagnostic testing, heating pad, transcutaneous electrical nerve stimulation (TEN's) unit, physical therapy, psychological therapy and medications. According to the primary treating physician's progress report on March 16, 2015, the injured worker continues to experience neck, knee and lumbar pain. The low back pain radiates to the left leg and to the mid back area. The injured worker rates the pain level at 6/10. Examination demonstrated tenderness to palpation and spasm. A 2mm moveable mass at the supra patellar area was noted. Current medications are listed as Naproxen, LidoPro Cream, Omeprazole, Docuprene and Sertraline. Treatment plan consists of continuing with heel cups for gait improvement, lumbar brace, home exercise program and medication regimen; continue with psychological appointments, consider acupuncture therapy, and the current request for Omeprazole, LidoPro cream and Transcutaneous electrical nerve stimulation (TEN's) patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-73.

Decision rationale: The claimant sustained a work-related injury in October 2009 and continues to be treated for chronic neck, knee, and radiating low back pain. When seen, she was using TENS with more than 50% benefit and was continuing to perform an independent home exercise program. Notes reference gastritis as controlled with omeprazole. Medications include Naprosyn 550 mg BID. Guidelines recommend consideration of a proton pump inhibitor such as Omeprazole for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Naprosyn at the recommended dose and has a history of gastrointestinal upset. Therefore, the requested Omeprazole was medically necessary.

TENS patches: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: The claimant sustained a work-related injury in October 2009 and continues to be treated for chronic neck, knee, and radiating low back pain. When seen, she was using TENS with more than 50% benefit and was continuing to perform an independent home exercise program. Notes reference gastritis as controlled with omeprazole. Medications include Naprosyn 550 mg BID. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In terms of the pads, there are many factors that can influence how long they last, such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1 - 3 months at a minimum. In this case, the claimant already uses TENS and the fact the pads need to be replaced is consistent with its continued use and efficacy. The quantity being requested is consistent with that needed for ongoing use and is therefore medically necessary.

Lidopro cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in October 2009 and continues to be treated for chronic neck, knee, and radiating low back pain. When seen, she was using TENS with more than 50% benefit and was continuing to perform an independent home exercise program. Notes reference gastritis as controlled with omeprazole. Medications include Naprosyn 550 mg BID. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin, which is recommended as an option in patients who have not responded or are intolerant to other treatments. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary.