

Case Number:	CM15-0072645		
Date Assigned:	04/22/2015	Date of Injury:	10/12/2012
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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: 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 injured worker is a 51 year old female with an industrial injury dated 10/12/2012. Her diagnoses included right hip pain, bursitis and right knee pain. Prior treatments included surgery, medications, chiropractic treatments, TENS unit and physical therapy. Comorbid conditions include diabetes. She presents on 03/12/2015 reporting significant improvement in hip pain after chiropractic visits, however she notes increasing low back pain. Objective findings noted intact neuro-circulatory status with tenderness of the right hip. The treatment plan included pain management with a pain patch, stomach protectant medication and additional chiropractor visits. Present medications are: Naprosyn, Lidocaine gel, omeprazole and insulin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Lidorx 3% Gel, 30ml, (DOS 03/12/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical analgesics Page(s): 56-7, 111-13.

Decision rationale: Lidorx (lidocaine) Gel is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Additionally, use of Lidoderm is recommended only after trial of first-line therapy with medications such as tricyclic antidepressants, SRNI antidepressants or antiepileptic drugs. Since this product is not approved by the MTUS for use in treating chronic pain, its use is not medically necessary.

Retrospective: Omeprazole 20mg, #60 (DOS 03/12/2015): 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, (PPIs).

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

Decision rationale: Omeprazole (Prilosec) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory medications (NSAIDs) in patients that are at intermediate risk of developing gastric problems from the NSAIDs. Since this patient is on chronic NSAID medication and is at intermediate risk for developing dyspepsia due to her diabetes, it follows that use of omeprazole in this patient is appropriate. The request is medically necessary.