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| Case Number: | CM15-0073113 | | |
| Date Assigned: | 04/23/2015 | Date of Injury: | 05/30/2012 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 04/02/2015 |
| 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 34-year-old male who sustained an industrial injury on 05/30/2012. The injured worker was diagnosed with herniated nucleus pulposus of the lumbar spine with moderate to severe stenosis, lumbar radiculopathy and left hip and knee arthralgia. Treatment to date includes diagnostic testing, acupuncture therapy, chiropractic therapy, home exercise program, lumbar support and medications. According to the primary treating physician's progress report on January 15, 2015, the injured worker presents for a flare-up of low back pain with radiation of numbness to the bilateral lower extremities to the toes. He rates his current pain as 8-9/10. Examination of the lumbar spine demonstrated tenderness to palpation in the bilateral lumbar paravertebral muscles, right greater than left. Range of motion is decreased in all planes with decreased motor on the right and normal sensation. Straight leg raise on the left is positive with pain in the mid-calf region. Slump and Lasegue test is positive on the left. Current medication is listed as Naproxen. The injured worker received a Toradol injection at the visit. Treatment plan consists of new lumbar corset, awaiting authorization for left epidural steroid injection (ESI) and the current request for LidoPro cream and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Salicylate topical Page(s): 111-113 and 105.

Decision rationale: LidoPro Topical Ointment is not medically necessary per MTUS guidelines. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. The MTUS Guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, topical lidocaine in cream form is not supported by the MTUS for chronic pain. The MTUS does support topical salicylate (e.g., Ben-Gay, methyl salicylate) which also contains menthol and states that this is significantly better than placebo in chronic pain. There is no evidence patient is unable to take oral medications. The MTUS does not support topical Capsaicin at 0.0325% or topical Lidocaine in this case. Additionally, the request does not specify a quantity. For these reasons, LidoPro Topical ointment is not medically necessary.

Omeprazole 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter - Proton pump inhibitors (PPI).

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

Decision rationale: Omeprazole 20 mg Qty 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Omeprazole 20 is not medically necessary.