

<b>Case Number:</b>	CM13-0033583		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	01/13/2013
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Pt is 59 year old ( ) right-handed female Registered Nurse who sustained an accepted industrial injury to the left shoulder on 01/13/2013 -04/30/13 ; orthopedic evaluation; Subjective: Left shoulder intermittent pain rated 6-8/10 radiating down the arm to the wrlst Numbness, tingling, tension and spasms in the shoulder. Shoulder pain caused sleep diiturbance. Uoable to reach overhead with left arm Left ann weakness and dropping objects from left hand. Pain increased with weather changes, heavy lifting and sleeping on the left side. Pain decreased with analgesics and hot showers. Depression, gastrointestinal upset, and difficulty concentrating. Difficulty with household chores, meal preparation and daily activities. Able to drive 90 min. with stops to stretch . Cervicalflexion 150 degrees, extension 30 degrees, lateral tilting 20/20 degrees and rotation 60% of normal Shoulder abduction/flexion (right/left) 165/100 degrees, extemal/rotation 90/90 degrees, internal rotation 50/60 degrees. Left shoulder abductionflexion strength 4/5 with discomfort. Left shoulder external rotation strength 5-/5. Grip strength 44# on the right and 20# on the left. Mild tenderness along left trapezius muscles and shoulder girdle. Tenderness along left acromioclavicular joint, biceps tendon and rotator cuff. Left shoulder impingement, cross-arm and Hawkin\'s testing were positive. Right Speed\'s testing was positive. Diagnoses: Left shoulder impingement, cervical sprain, depression and insomnia. Treatment: Left shoulder MRI, hot/cold wrap, Naproxen 550 rng #60, Prilosec 20 mg #60, Tramadol ER 150 mg #60, Medrox patches #15, Terocin lotion 4 omces, Acetadryl 25/500 rng #50, Flexeril7.5 rng #60, physical therapy 3 times a week fur 4 weeks, TENS mit. Work status: Not documented. -05/02/13 V. Cabayan, MD; PR-2; Subjective: Continues with neck and left shoulder pain. States her pain is constant. She is requesting refills on her medications. Objective: She has

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tramadol ER 150mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 82, 84.

**Decision rationale:** Tramadol ER 150mg Qty: 30 is not medically necessary per MTUS guidelines. Per MTUS guidelines, there are no long-term studies to allow for recommendations for longer than three months. Patient has additionally not shown any significant functional improvement during the duration she has been on Tramadol.

### **Naproxen 550mg twice a day:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 68.

**Decision rationale:** Naproxen 550mg twice a day is medically appropriate per MTUS guidelines which state that Naprosyn can be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain.

### **Terocin patch:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57.

**Decision rationale:** Terocin patch which contains Lidocaine 600mg, Menthol 600mg is not medically necessary per MTUS guidelines. Topical lidocaine is 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). There is no documentation submitted that patient has had a trial of the above alternative medications.

### **LidoPro lotion 4oz 2 to 3 times a day #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 105, 111-113.

**Decision rationale:** LidoPro lotion 4oz 2 to 3 times a day #1 is not medically necessary per MTUS guidelines. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. 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. Topical lidocaine may be 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). There is no evidence patient has tried the above mentioned first line therapy medications. Furthermore, There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

**Flexeril 7.5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Flexeril 7.5mg is not medically necessary. Per MTUS guidelines treatment with Flexeril should be brief. "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) . There is also a post-op use." Patient has been using Flexeril in the past per documentation with no significant change in function, symptoms therefore continued use of Flexeril is not medically appropriate.

**Remeron 15mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Insomnia Treatment, Insomnia.

**Decision rationale:** Remeron 15 mg is not medically necessary. The MTUS guidelines do not specifically address Remeron. The ODG guidelines do state that "Psychiatric disorders associated with insomnia include depression, anxiety and alcoholism." There is no evidence from documentation submitted that patient has attempted methods of proper sleep hygiene. ODG recommends: Non-pharmacologic treatment: Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. Treatments that are thought to

probably be efficacious include sleep restriction, biofeedback, and multifaceted cognitive behavioral therapy. Additionally per October 2013 physical office note : "She does have an element of stress, depression, and insomnia, although she is not interested in seeing a psychiatrist at this time."