

<b>Case Number:</b>	CM13-0033759		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	11/29/2000
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	09/25/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/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:

This injured worker's date of injury is 11/29/2000. The treating physician's note dated 09/11/13 states that the patient is not working and has persisting bilateral shoulder pain. The patient had right shoulder surgery consisting of arthroplasty with partial synovectomy and acromioplasty on 08/08/2002. The patient is a type II diabetic with hypertension and has had multiple coronary artery bypass operations. The patient receives treatment for depression from another physician. On exam, there is tenderness in the left acromioclavicular joint and the right shoulder. Abduction is 140 degrees on exam and motor strength is 4 to 5/5. The diagnoses include right shoulder impingement syndrome, adhesive capsulitis, and synovitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE FLEXERIL 7.5MG #60, DISPENSED ON 7/31/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**Decision rationale:** According to the CA MTUS guidelines, antispasmodics are used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are

often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Cyclobenzaprine (Flexeril, Amrix, Fexmid™, generic available) are recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. In addition, Cyclobenzaprine has been shown to produce a modest benefit in treatment of fibromyalgia. Cyclobenzaprine-treated patients with fibromyalgia were three times more likely to report overall improvement and to report moderate reductions in individual symptoms. In this case, the patient is receiving treatment for chronic shoulder pain dating back many years. Flexeril (cyclobenzaprine) is considered an antispasmodic and is indicated for the short-term treatment of skeletal muscle spasm. Flexeril is not recommended for chronic use by the MTUS guidelines. Based on the above, this medication is not medically indicated for this patient. As such, the request for Flexeril 7.5mg, #60 is not certified.

**RETROSPECTIVE NAPROXEN 550MG #60, DISPENSED ON 7/31/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-70.

**Decision rationale:** This patient has chronic shoulder pain, plus coronary artery disease, diabetes, and hypertension. There is no mention of chronic kidney disease, which is common with such patients. Naproxen is a non-steroidal anti-inflammatory drug (NSAID). The MTUS treatment guidelines call for caution when using NSAIDs in patients with hypertension, coronary disease, and chronic kidney disease. NSAIDs are associated for worsening of hypertension, worsening of kidney function, and peptic ulcer disease when used with low dose aspirin, which is indicated in patients who have undergone coronary bypass. The treating physician did not document clinical monitoring nor risk assessment in the notes. Long-term use of naproxen is not medically indicated in this patient. As such, the request for Naproxen 550mg, #60 is not certified.

**RETROSPECTIVE ACETADRYL #50, DISPENSED ON 7/31/2013 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Treatment of Depression.

**Decision rationale:** The patient receives treatment for chronic shoulder pain and major depression. Acetadryl is an over the counter (OTC) compounded medication containing acetaminophen 500mg and Diphenhydramine HCl 25mg. The manufacturer markets this for the temporary relief of headache and accompanying insomnia. When used beyond the short term, tolerance develops with Diphenhydramine and it loses effectiveness as a sleep aid. Sleep disturbance and insomnia is common in patients with major depression; however, Diphenhydramine with or without acetaminophen is not recommended for the long-term management of insomnia in patients with depression. This combination medication is not medically indicated for this patient. As such, the request for Acetadryl, #50 is not certified.

**RETROSPECTIVE PRILOSEC 20MG #60, DISPENSED ON 7/31/2013: Upheld**

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

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

**Decision rationale:** Prilosec (omeprazole) is a proton pump inhibitor (PPI). A PPI maybe medically indicated to treat peptic ulcer disease or to provide protection against peptic ulceration in patients at risk for the gastrointestinal (GI) complications of non-steroidal anti-inflammatory drugs (NSAIDs). The medical records did not substantiate such risk. Based on the documentation presented in this case, Prilosec is not medically indicated. As such, the request for Prilosec 20mg, #60 is not certified.

**RETROSPECTIVE MEDROX PATCHES #15, DISPENSED ON 7/31/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical and Topical Analgesics Page(s): 105, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient has chronic shoulder pain. The treating physician has requested retro authorization for the Medrox patch, which is a topical analgesic. The Medrox patch is a compounded over the counter product containing methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. There are few randomized controlled clinical trials that show efficacy in treating chronic pain. Topical analgesics are considered experimental in treating chronic musculoskeletal pain. Topical salicylates are not recommended to treat chronic pain. Menthol is not recommended to treat chronic pain. Capsaicin 0.0375%- there are no studies to recommend this strength. Additionally, the MTUS guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Based on the documentation presented, the request for the Medrox patch #15 is not medically indicated.

**RETROSPECTIVE VICODIN 5/500MG #120, DISPENSED ON 7/31/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient has chronic shoulder pain for many years. Vicodin 5/500 is a compounded medication that contains 5mg. of hydrocodone (an opioid) and acetaminophen, an analgesic. According to the MTUS guidelines, there are no long-term trials that show benefit of opioids for musculoskeletal pain in terms of improvement of function and relief from pain. Long-term use of opioids exposes the patient to risks of tolerance, hyperalgesia, and addiction. Pain control may be improved with weaning from the opioid. Also, the physician did not provided data on treatment outcomes, such as measures of functioning, appropriate medication use, and side effects. As such, the request for Vicodin 5/500mg, #120 is not medically indicated.

**RETROSPECTIVE TEROGIN LOTION 120ML, DISPENSED ON 7/31/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112-113.

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

**Decision rationale:** Terocin lotion is a compounded over the counter lotion marketed for the temporary relief of aches and pains. Terocin liquid contains menthol 4% and Lidocaine 4%. . Topical analgesics are considered experimental in treating chronic musculoskeletal pain. There are few randomized controlled clinical trials that show efficacy in treating chronic pain. Menthol is not recommended for treating chronic pain. Lidocaine is only indicated in the treatment of localized neuropathic pain after a trial of first-line treatment has been tried and failed (eg. gabapentin or pregabalin). Additionally, the MTUS guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Based on the documentation presented, the retro request for Terocin lotion 120ml is not medically indicated.