MAXIMUS Federal Services

Case Number:	CM13-0043219		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2009
Decision Date:	06/02/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is an employee of [redacted] and has submitted a claim for complete rupture of left rotator cuff associated with an industrial injury date of May 14, 2009. Treatment to date has included oral and topical analgesics, shoulder surgeries, physical therapy, home exercises, pool exercises, TENS, and heat/cold modality. Medical records from 2013 were reviewed and showed persistent shoulder pain with muscles spasms and stiffness across the neck and the shoulder. He has difficulty with overhead reaching and forceful pushing and pulling. Pain medications would allow him to be more functional. Physical examination showed weakness and limitation of motion of the shoulder, and trigger points on the left trapezius. The patient was diagnosed with left shoulder impingement syndrome, labral tear, and rotator cuff tear status post left shoulder decompression, labral repair, and rotator cuff repair. Utilization review dated October 22, 2013 denied the requests for Flexeril 7.5mg #60 due to no documentation of an acute exacerbation and chronic use is not recommended; Prilosec 20mg because the patient has no risk factors for gastrointestinal disorders; Lidopro lotion 4 oz. because it contains capsaicin in 0.0325% formulation which is not recommended; and Terocin patch because it not considered as first-line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

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

Decision rationale: As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option as a short course therapy for management of back pain. In this case, there were subjective complaints of left shoulder spasm however there were no objective evidences to support this claim based on the most recent physical examination. The patient has been taking Flexeril as far back as May 2012. No specific functional improvements were noted due to the previous intake of this class of medications. Prolonged use of this medication is not recommended. Therefore, the request for Flexeril 7.5mg #60 is not medically necessary.

PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms and Cardiovascular Risk, page 68.

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

Decision rationale: As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, there has been no documentation of any adverse gastrointestinal symptoms resulting from the patient's pain medications that would support continued intake of Prilosec. Therefore, the request for Prilosec 20mg #60 is not medically necessary.

LIDOPRO LOTION 4OZ: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidocaine (in creams, lotions, or gels) and capsaicin in a 0.0375% formulation are not recommended for topical applications. The California MTUS states that capsaicin may be used when all other conventional treatments have failed; and Lidocaine in a transdermal formulation with no other compounded component. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, the patient has been complaining of left shoulder pain hence

prescription of Lidopro. However, this compound medication is not supported by guidelines and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Lidopro lotion 4 oz. is not medically necessary.

TEROCIN PATCH QTY 20: Upheld

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

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

Decision rationale: Terocin patch contains 2 active ingredients: Menthol in a 4% formulation, and Lidocaine in a 4% formulation. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the patient was prescribed Terocin patch for left shoulder pain. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin patch contains ingredients that are not recommended. Therefore, the request for Terocin patch QTY 20 is not medically necessary.