

Case Number:	CM13-0046665		
Date Assigned:	12/27/2013	Date of Injury:	08/30/2010
Decision Date:	02/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/01/2013

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 and is licensed to practice in Illinois. 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:

The patient is a 40-year-old male who reported an injury on 08/30/2010. The patient is diagnosed with frozen shoulder on the right, status post manipulation and lysis of adhesions; medial epicondylitis, ulnar neuritis, and depression with sleep and stress disorder. The patient was seen by [REDACTED] on 10/16/2013. The patient reported persistent right shoulder pain. The physical examination revealed no acute distress with 160 degrees forward abduction, 150 degrees lateral abduction, and 180 degrees right elbow extension with 160 degrees flexion. The treatment recommendations included continuation of current medications including Norflex, Tramadol, Trazodone, LidoPro cream, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients

with chronic low back pain. As per the documentation submitted, the patient's physical examination did not reveal spasticity, muscle tension, or palpable muscle spasm on the requesting date of 10/16/2013. Additionally, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent high levels of pain. Based on the clinical information received, the request for Norflex 100mg #60 is non-certified.

Trazodone 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Section Page(s): 13-16. Decision based on Non-MTUS Citation Antidepressants for Chronic Pain Section

Decision rationale: The California MTUS Guidelines state antidepressants are recommended for neuropathic pain, and as a possibility for non-neuropathic pain. The Official Disability Guidelines state Trazodone is recommended as an option for insomnia, only for patients with potentially co-existing mild psychiatric symptoms such as depression or anxiety. As per the documentation submitted, the patient denied any sleep issues on the requesting date of 10/16/2013. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report elements of depression. Satisfactory response to treatment has not been indicated. Based on the clinical information received, the request for Trazodone 50mg #60 is non-certified.

LidoPro cream: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no indication of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent high levels of pain. Based on the clinical information received, the request for LidoPro cream is non-certified.

Terocin patches #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no indication of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent high levels of pain. Based on the clinical information received, the request for Terocin patches #30 is non-certified.