

Case Number:	CM13-0048269		
Date Assigned:	12/27/2013	Date of Injury:	12/01/2009
Decision Date:	03/13/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/05/2013

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 Orthopedic Surgery has a subspecialty in Spine Surgery and is licensed to practice in Texas, Montana, and Tennessee. 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 32-year-old female who reported an injury on 12/01/2009. The mechanism of injury was not provided. The patient was noted to have shoulder elevation and abduction of no more than 90 degrees with grade IV strength to resisted function. The patient's impingement sign was noted to be positive. The patient was noted to be utilizing a TENS unit, a shoulder brace, and a hot and cold wrap. The patient's diagnoses were noted to include shoulder sprain with loss of motion on the right, cervical sprain with shoulder girdle involvement, shoulder sprain on the left overall stable; and lumbar sprain. The request was made for Tramadol ER, Norflex, Terocin patches, and LidoPro as well as a cervical diagnostic fluoroscopic examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Retrospective review Tramadol 150 mg tablets (DOS: 10/19/13) QTY: 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, ongoing management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of an objective decrease in the VAS score, objective functional improvement, adverse side effects, and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the above. Given the lack of documentation, the request for retrospective review Tramadol 150 mg tablets (DOS 10/19/2013) QTY 20.00 is not medically necessary.

The retrospective request for Tramadol 150mg for 11/8/13 Appointment QTY: 20.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of an objective decrease in the VAS score, objective functional improvement, adverse side effects, and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the above. Given the lack of documentation, the request for retrospective request Tramadol 150 mg for 11/08/2013 appointment, quantity 20.00 is not medically necessary.

The retrospective request for Norflex 100mg tablets (DOS: 10/9/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are second line treatment for short-term acute exacerbations in chronic low back pain. Additionally, there should be documentation of objective functional improvement and a decrease in the objective VAS score. Treatment should be no longer than 2 to 3 weeks. The submitted request failed to indicate a quantity of Norflex being requested. Given the above, and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for retrospective review Norflex 100 MG tablets (DOS 10/09/2013) is not medically necessary.

The request for Norflex 100mg tablets for 11/8/13 appointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 177-179.

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are second line treatment for short-term acute exacerbations in chronic low back pain. Additionally, there should be documentation of objective functional improvement and a decrease in the objective VAS score. Treatment should be no longer than 2 to 3 weeks. The submitted request failed to indicate a quantity of Norflex being requested. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for retrospective Norflex 100 mg tablets for 11/08/2013 appointment is not medically necessary.

The request for Terocin Patches for 11/8/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: California states that topical analgesics are, "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine... Lidoderm...No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. There was a lack of clinical documentation indicating the necessity for 2 Lidocaine and 2 Capsaicin topical medications. Additionally, there was a lack of documentation indicating that the patient had not responded or was intolerant to other treatments and an indication of the quantity of medication being requested. Given the above, the request for Terocin patches for 11/08/2013 is not medically necessary.

The request for Lidopro Cream 4 oz. for 11/8/13 appointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesic, Capsaicin, Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine...Lidoderm...No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic

pain. California MTUS guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. There was a lack of clinical documentation indicating the necessity for 2 Lidocaine and 2 Capsaicin topical medications. Additionally, there was a lack of documentation indicating that the patient had not responded or was intolerant to other treatments. Given the above, the request for LidoPro cream 4 oz for 11/08/2013 appointment is not medically necessary.

The request for cervical diagnostic fluoroscopic examination: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) (updated 12/31/12).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM Guidelines indicate that the criteria for ordering imaging studies is the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review indicated the physician performed the examination on 10/09/2013. There was a lack of documented rationale for the study. Additionally, there was lack of documentation indicating the patient had failure to progress in a strengthening program and physiologic evidence of tissue insult or neurologic dysfunction. Given the above, the request for a cervical diagnostic fluoroscopic examination was not medically necessary.