MAXIMUS Federal Services

Case Number:	CM13-0052325		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2009
Decision Date:	06/03/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 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 injured worker is a 53 year old male who reported a left shoulder injury from lifting a heavy object on 5/14/09. On 12/9/13, the injured worker reported difficulty reaching over his head and pushing or pulling. The clinical note does not quantify the pain the injured worker reported or any medication that were taken during examination. In the physical exam, shoulder abduction was 120 degrees, external rotation 60 degrees, and internal rotation 30 degrees. On 3/15/13, the injured worker reported he had shoulder pain that rated a 6/10 when using his medication. The physical exam only reported a left shoulder extension of 160 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 VICODIN 500MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California MTUS guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially

aberrant (or non-adherent) drug-related behaviors. The clinical documentation does not provide accurate pain reports from the injured worker with or without the medication that he previously took. Furthermore, there is no documentation that supports that the injured worker gained any functional activity from taking the medication or how the medication was tolerated. It is unclear if there has been any screening for misuse or aberrant behavior either through drug screening and questionnaires. As such, the request is not medically necessary.

60 FLEXERIL 7.5MG: Upheld

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

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

Decision rationale: The California MTUS guidelines state that Flexeril may be recommended an option, when using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. There is also a post-operative use. The addition of Flexeril to other agents is not recommended. The injured worker is status post shoulder resection; however, the acute phase has passed. In addition, the request as written exceeds the recommended short course of therapy. As such, the request is not medically necessary.

60 PROTONIX 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, if there is a prescribed high dose of NSAIDs, and/or if there is a history of peptic ulcers. Within the medical records provided for review, there was a lack of documentation of any medication the injured worker was taking; hence, it is unable to be determined if any medication would warrant the use of a proton pump inhibitor. The injured worker also fails to fit the criteria of any gastrointestinal bleeding or perforation. As such, the request is not medically necessary.

LIDOPRO LOTION, 4OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: The proprietary active ingredients of Lidopro include Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Lidopro contains lidocaine in a gel, which contraindicates MTUS guidelines. The California MTUS guidelines recommend topical lidocaine in the formulation of a dermal patch only; no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. 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. Finally, MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As both lidocaine and capsaicin are not recommended, the entire topical compound cannot be recommended. As such, the request is not medically necessary.