

<b>Case Number:</b>	CM13-0065549		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 & 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 patient is a 58-year-old female who reported an injury on 02/22/2012. The mechanism of injury was noted to be repetitive motion. The patient is diagnosed with left shoulder/rotator cuff sprain/strain, cervical sprain/strain, possible left shoulder/cervical brachial neuritis; thoracic sprain/strain; lumbar sprain/strain; and depression. Her symptoms are noted to include left shoulder pain, constant neck pain, radiation of pain from her neck to her upper extremity, mainly on the left side, and mid back and lower back pain. She also noted radiation from her low back to her left lower extremity, as well as associated numbness and tingling. Her physical examination findings were noted to include decreased range of motion in her left shoulder, tenderness to palpation at the lateral aspect of the glenohumeral joint over the supraspinatus notch, decreased cervical range of motion, tenderness to palpation over the lower paracervical spinal musculature, mainly on the left side, tenderness to palpation over the parascapular and trapezius areas, decreased range of motion in the lumbar spine, tenderness to palpation at the mid thoracic paraspinals over the facets, negative straight leg raising, decreased motor strength in the left upper extremity to 4/5, and normal sensation in the bilateral upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF LIDOPRO OINTMENT 121MG:** Upheld

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

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

**Decision rationale:** LidoPro ointment is noted to include capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with evidence demonstrating efficacy or safety. The guidelines also state that compounded products that contain at least 1 drug that is not recommended, are not recommended. Concerning capsaicin, the California MTUS Guidelines indicate that topical capsaicin is only recommended as an option in patients who have not responded or were intolerant to other treatments. Additionally, the guidelines indicate that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. The guidelines also state that topical lidocaine in the formulation of the Lidoderm patch has been FDA approved for neuropathic pain, but no other commercially approved topical formulations of lidocaine, whether in the form of creams, lotions, or gels, are indicated for neuropathic pain. As the requested topical compounded product, LidoPro ointment, is noted to contain topical capsaicin 0.0325% and topical lidocaine and these topical formulations are not supported by the California MTUS Guidelines, the request for LidoPro ointment is not supported. As such, the request is non-certified.

#### **PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG #30:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

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

**Decision rationale:** According to the CA MTUS Guidelines, cyclobenzaprine may be recommended for a very short course of therapy as it has been found to be more effective than placebo in the management of back pain. However, the effect was shown to be modest and came with the price of greater adverse effects. The guidelines state that the effect of cyclobenzaprine has been found to be greatest in the first 4 days of treatment, further suggesting that shorter courses may be better. The clinical information submitted for review indicates that the patient has back pain. However, the documentation does not show any evidence of muscle spasm to support use of a muscle relaxant. Additionally, as the clinical note provided indicated that cyclobenzaprine was being prescribed to be used at bedtime and not for short-term treatment of acute exacerbations, the request is not supported. As such, the request is non-certified.