

Case Number:	CM13-0069065		
Date Assigned:	01/03/2014	Date of Injury:	09/02/2011
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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, has a subspecialty in Pain Medicine 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 a 38 year old female who was injured on 09/02/2011 while reaching above her head to pull the background. She twisted the right ankle and fell. She struck her right shoulder and buttock. She has pain in the right shoulder, neck, right ankle and lower back. Prior treatment history has included cortisone injection right shoulder, TENS unit, Theraband, FCE, LESI, AFO for right ankle, cane, aquatic therapy, and a back brace. Her medication includes Percocet, Norco, Trazadone, and a Butrans patch. The patient underwent a right shoulder arthroscopy on 04/23/2012. Diagnostic studies reviewed include lumbar spine XR performed on 10/29/2012 revealed postoperative changes. Urine Toxicology Report dated 11/21/2013 revealed results are consistent with current prescribed medication. The patient had urine toxicology review reports dated 09/02/2013, 07/25/2013, 06/21/2013, and 05/12/2013. PR2 dated 09/17/2013 documented the patient to have complaints of low back pain, leg pain and left knee pain. The onset was chronic and 9/10 in severity. It is throbbing, stabbing, tingling, and numbness. It radiates to the bilateral lower extremities, right greater than left. The symptom is aggravated by sitting for more than 15 minutes, walking or standing. The patient states that the pain is stable. She says that the medication helps to tolerate the pain. The patient also complains of neck pain since 2 years. The onset was chronic and of 8/10 in severity. It is stiff and tingling. It radiates to the right arm. The symptom is aggravated by stress. It is relieved by none. The patient states that she is still having pain and the Percocet has helped to relieve the pain. The patient complains of right ankle and shoulder pain since 2 years. It occurs constantly. The onset was acute and of 3/10 in severity. The symptom is aggravated by walking. The patient states that the pain has decreased. Objective findings on exam revealed on exam revealed no CCE; ROM decreased in the right shoulder on examination of the upper extremities. No CCE; ROM decreased at the right hip in the lower extremities. The patient ambulates with a walker; sensory

is intact to light touch; intact to pinprick; intact to vibration; reflexes are normal; musculoskeletal reveals paraspinal tenderness. The patient was diagnosed with lumbar radiculopathy/herniated lumbar disc, shoulder OA, and cervical radiculopathy. PR2 dated 08/20/2013 documented the patient to have chief complaints of low back pain, right leg pain, neck pain and left arm pain. It occurs constantly. The onset was chronic and of 8/10 severity. It is throbbing, stabbing, tingling and numbness. It radiates to the bilateral lower extremities, right greater than left. The symptom is aggravated by sitting for than 15 minutes, walking or standing. The patient still complains of pain and asking for meds to be increased. The patient complains of neck pain since 2 years. It occurs occasionally. The onset was acute and of 6/10 in severity. The symptom is aggravated by stress. The patient complains of right ankle and shoulder pain since 2 years. It occurs constantly. The onset was acute and of 7/10 in severity. The symptom is aggravated by walking. Objective findings on exam revealed joint pain, back pain, and neck pain. She denies slurred speech, seizures, dizziness, and headache. The upper extremities revealed no CCE; ROM decreased in the right shoulder on examination of the upper extremities. No CCE; ROM decreased at the right hip in the lower extremities; leg exam reveal hip flexion on right is 4/5; intact to light touch; intact to pinprick; intact to vibration. His reflexes are normal and there is paraspinal tenderness. PR2 dated 08/23/2013 documented the patient to have complaints of ongoing pain in her neck, lower back and right lower extremity. She continues to manage her pain with medications prescribed by her pain management doctor, [REDACTED]. Objective findings on examination of the lumbar spine revealed tenderness bilaterally of the paraspinal muscles. She has a slow gait, limp and ambulates with a single-point cane. Ranges of motion of the lumbar spine are as follows: Flexion, 20, 70 normal; Extension 10, 30 normal; Right lateral bending 15, 25 normal; Left lateral bending 15, 25 normal; Right rotation 20, 30 normal; Left rotation 20, 30 normal. Neurological examination of the lumbar spine revealed knee jerks bilaterally 2+ and symmetrical. Ankle jerks are 2+ and symmetrical; Babinski sign is negative; detailed sensory examination of the lower extremities, testing dermatome L1 to S1; reduced sensation, right lower extremity; detailed motor examination of the lower extremities testing roots from L1 to S2 is normal with all muscle groups testing 5/5; specifically tested were resisted hip flexion, knee flexion, knee extension, ankle dorsiflexion, ankle eversion, ankle plantar flexion and toe extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUR/CYCLO/CAPS/LID TOPICAL SPRAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. According to guidelines, Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The medical records do not establish the patient has neuropathic pain having failed first line interventions. Furthermore, only Lidoderm patch is FDA approved for this use. The guidelines state no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain, and lidocaine is

not recommended for non-neuropathic pain. Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case of this patient. Topical application of an NSAID, such as Flurbiprofen, may be indicated for short duration use, for osteoarthritis of joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of the spine. Further, the guidelines state there is no evidence for use of muscle relaxant as a topical product. Muscle relaxants are not recommended in topical formulation. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the medical necessity of Flur/Cyclo/Caps/Lid topical spray has not been established.

any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the medical necessity of Flur/Cyclo/Caps/Lid topical spray has not been established.