

Case Number:	CM14-0003397		
Date Assigned:	01/31/2014	Date of Injury:	09/23/2011
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 injured worker is a 57 year old female who reported an injury on 01/20/2006 secondary to unknown mechanism of injury. The injured worker was evaluated on 12/05/2013 for reports of bilateral shoulder, wrist, left forearm and hand pain. The exam noted reduced bilateral shoulder abduction and flexion and a PHQ-9 score of 12/27 indicating mild depression. The diagnoses included bilateral upper extremity repetitive stress injury status post right carpal tunnel release and left carpal tunnel syndrome, left shoulder adhesive capsulitis and rotator cuff tendon repair and impingement, chronic pain, status post right shoulder decompression and manipulation. The treatment plan included recommendations to continue the medication regimen and a functional restoration program. The request for authorization dated 11/05/2013 was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG, 1-2 A DAY, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants - Cyclobenzaprine (Flexeril) Page(s): 65.

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

Decision rationale: The California MTUS Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation provided indicates the injured worker has been prescribed this medication since at least 01/10/2013. This time frame exceeds the time frame to be considered short-term. The efficacy of the medication was unclear. Therefore, the request is not medically necessary.

FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FUNCTIONAL RESTORATION PROGRAMS (FRPS), 31-32

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: The California MTUS Guidelines recommend an adequate and thorough evaluation should be made prior to entrance into a functional restoration program, including baseline functional testing so follow-up with the same test can be performed to demonstrate functional improvement. There is a significant lack of evidence that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement in the documentation provided. Therefore, based on the documentation provided, the request is not medically necessary.

2 BOTTLES OF TOPICAL TEROGIN LOTION 120G, EACH CONSISTING OF MENTHOL, METHYLSALICYLATE, CAPSAICIN, AND LIDOCAINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

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

Decision rationale: The California MTUS Guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine is recommended topically only when formulated as a Lidoderm patch. The guidelines further state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is a lack of clinical evidence of efficacy of prior treatments in the documentation provided; it did not appear the injured worker was intolerant of or failed to respond to other treatments. Additionally, the guidelines do not recommend topical application of Lidocaine in forms other than Lidoderm. Therefore, the request is not medically necessary.