

Case Number:	CM14-0003678		
Date Assigned:	01/31/2014	Date of Injury:	07/12/2006
Decision Date:	06/20/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/09/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 69-year-old female with date of injury of 07/12/2006. The listed diagnosis per [REDACTED] dated 11/15/2013 are status post right shoulder surgery, shoulder sprain, cervical sprain, lumbar sprain, lumbar radiculitis, history of asthma, history of hypertension, history of hypercholesterolemia, anxiety/stress, depression, insomnia, constipation. According to the report, the patient complains of pain in her back starting from her neck down to the midback and low back. She rates her pain a 7/10. The physical exam showed there are spasms and trigger areas on the right side of the cervical paravertebral and trapezius. Palpation over the acromioclavicular joint and greater tuberosity of the shoulder is painless. The range of motion of the shoulder is diminished and painful. Neer's and Hawkins' are still positive on the right side. The patient's gait pattern is normal. Heel to toe ambulation is painful. Straight leg raise test is positive on the right side at 45 degrees. Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The utilization review denied the request on 12/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDI-DERM L WITH LIDOCAINE TOPICAL PAIN RELIEF CREAM: 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.

Decision rationale: This patient presents with chronic shoulder, neck, and back pain. The treating physician is requesting a Medi-Derm L with lidocaine topical pain relief cream. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medi-Derm L topical cream is a topical analgesic that has capsaicin 0.035%, menthol 5%, and methyl salicylate 20%. The MTUS Guidelines on capsaicin states, "There have been no studies of 0.0375% formulation of capsaicin and there is no current indication that this increase over the 0.025% formulation will provide any further efficacy." In addition, under lidocaine, no other commercially approved topical formulations of lidocaine including creams, lotions, or gels are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. In this case, capsaicin over the 0.025% formulation is not recommended and lidocaine is only recommended in dermal patch form. Request is not medically necessary.

FLEXERIL 7.5MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, and Muscle Relaxants Page(s): page 64 and 63.

Decision rationale: This patient presents with chronic shoulder, neck, and back pain. The treating physician is requesting Flexeril 7.5 mg. The MTUS Guidelines page 64 on cyclobenzaprine states, "Recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)." In addition, this medication is not recommended to be used for longer than 2 to 3 weeks. The patient last used Flexeril in 2012. It appears that the treating physician is requesting a new prescription for this medication. The treating physician documents on 11/15/2013, "In Flexeril 7.5 one p.o. q.h.s., dispensed #30 for muscle relaxation... do not exceed the recommended dosage or take this medication for longer than 2 to 3 weeks without checking with your doctor." In this case, the treating physician has not prescribed this medication for more than short-term. Request is not medically necessary.