

<b>Case Number:</b>	CM14-0004208		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/13/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 60 year old female who reported an injury on 01/13/2013; the mechanism of injury was not provided within the medical records. On 01/09/2014 the injured worker had an evaluation regarding her neck and left shoulder. Her complaints included constant pain, muscle spasm, stiffness and tightness. She reported difficulty with activities of daily living. She reported that she used medications to be functional. The injured worker rated pain at 8-9/10 without medications and 4-5/10 with medications. The objective findings included tenderness along the cervical paraspinal muscles bilaterally. She had tenderness along her shoulder girdle, trapezius and facets bilaterally and pain with facet loading C3 to C7, more so on the left than right. The treatment plan for diagnosed cervical sprain and element of impingement syndrome on the left shoulder included ice, heat and home stretching and strengthening as tolerated and medication refills for pain. A specific request for authorization for medical treatment for all 6 requests was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 150 GM (FOR NEXT VISIT) QTY: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Opioids, Specific Drug List Page(s): 94.

**Decision rationale:** The request for Tramadol 150gm (for next visit) qty 30 is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines state that Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). The request fails to indicate a frequency and duration of the medication. In addition the dose is requested 150 GM, thus exceeding the recommended 50-100mg. The efficacy of the medication was unclear within the provided documentation. Therefore, the request is not medically necessary.

**PROTONIX 20 MG (FOR NEXT VISIT) QTY: 60:** Upheld

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

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

**Decision rationale:** The request for Prontonix 20mg (for next visit) qty 60 is not medically necessary. The CA MTUS Guidelines for Chronic Pain Medical Treatment recommend the use of proton pump inhibitors when the patient is at an intermediate risk for gastrointestinal events and on NSAIDS. The injured worker is on NSAIDS; however, there is a lack of evidence in the documentation provided of a risk for gastrointestinal events. It was unclear if the injured worker has a history of GI bleed, perforation, or peptic ulcer. Therefore, the request for Protonix is not medically necessary.

**LIDOPRO LOTION 4 OZ. (FOR NEXT VISIT):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for LidoPro Lotion 4 oz. (for next visit) is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines for Topical Analgesics find they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product containing a drug or class of drug that is not recommended is not recommended. LidoPro contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. The guidelines note 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. The use of lidocaine in any form other than Lidoderm is not recommended. It did not appear the injured worker had any diagnoses which would be congruent with the guideline recommendations. Additionally, the compounded cream contains at least one drug or drug class which is not recommended. Therefore, the request is not medically necessary.

**NAPROXEN SODIUM 550 MG (FOR NEXT VISIT) QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, Page(s): 69.

**Decision rationale:** The request for Naproxen Sodium 550mg (for next visit) qty 60 is not medically necessary. The CA MTUS Chronic Pain Medication Guidelines recommend NSAIDs with precautions. If long-term or high-dose therapy is required, full-dose naproxen (500 mg twice a day) appears to be the preferred choice of NSAID. The requested dose exceeds the recommended 500mg dosage according to the guidelines. The efficacy of the medication was unclear within the provided documentation. The request then is not medically necessary.

**FLEXERIL 7.4 MG (FOR NEXT VISIT) QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Cyclobenzaprine Page(s): 42.

**Decision rationale:** The request for Flexeril 7.4mg (for next visit) qty 60 is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines note muscle relaxants are recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There was a lack of documentation of significant symptomatology for which flexeril would be indicated. The efficacy of the medication was unclear within the provided documentation. The request is not supported by a frequency or duration of therapy, therefore the request is not medically necessary.

**LIDOPRO LOTION 4 OZ. (DISPENSED 12/06/13):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Lidopro Lotion 4 oz. (for next visit) is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines for Topical Analgesics find they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product containing a drug or class of drug that is not recommended is not recommended. LidoPro contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. The guidelines note 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. The use of lidocaine in any form other than Lidoderm is not recommended. It did not appear the injured worker had any diagnoses which would be congruent with the guideline recommendations. Additionally, the compounded cream contains at least one drug or drug class which is not recommended. Therefore, the request is not medically necessary.