

Case Number:	CM14-0004271		
Date Assigned:	02/05/2014	Date of Injury:	01/20/2011
Decision Date:	07/21/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	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 Internal 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 injured worker is a 42-year-old female who reported an injury on 01/20/2011. The mechanism of injury was not provided. The clinical note dated 12/18/2013 noted the injured worker presented with left shoulder, back, and neck pain with daily spasms in the bilateral arms with numbness and tingling. There was pain radiating to the bilateral lower extremities worse on the left side with reports of increased numbness when standing greater than 10 minutes or walking greater than 15 minutes. Previous therapy included medications and a TENS unit for pain when needed. The diagnoses were impingement syndrome of the left shoulder with bicipital tendinitis with rotator cuff and acromioclavicular joint inflammation, discogenic lumbar condition with radicular component down the left lower extremity with muscle tightness and facet inflammation, and discogenic cervical condition with radicular component down upper extremities with facet inflammation and muscle tightness. Upon examination, there was blood pressure of 123/83, pulse of 86, left upper extremity abduction of 110 degrees, and tenderness in the lumbar paraspinal muscles. The provider recommended LidoPro lotion, Flexeril 7.5 mg, and tramadol ER 150 mg. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO LOTION: 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: The request for LidoPro lotion is not medically necessary. LidoPro is comprised of capsaicin, lidocaine, menthol, and methyl salicylate. The California MTUS Guidelines state transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note that capsaicin is recommended for injured workers have an intolerance or unresponsiveness to other medication. The guidelines note that lidocaine is only recommended in the formulation of Lidoderm as Lidoderm is the only FDA-approved formulation of lidocaine for topical use. As the guidelines do not recommend the use of capsaicin or lidocaine, the compounded medication would also not be indicated. The provider's rationale was not provided. The provider's request did not include the dose, frequency, or quantity of the lotion and the site at which the lotion was intended for was not provided. As such, the request is not medically necessary.

FLEXERIL 7.5MG, #60: Upheld

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

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

Decision rationale: The request for Flexeril 7.5 mg #60 is not medically necessary. The California Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 7.5 mg with a quantity of 60 exceeds the guideline recommendation of short-term therapy. The injured worker has been prescribed Flexeril since at least 12/2013; the efficacy of the medication was not provided. The provider did not indicate the frequency of the medication in the request. As such, the request is not medically necessary.

TRAMADOL ER 150MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Tramadol ER 150 mg #30 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior and side effects. The injured worker has been prescribed Tramadol since at least 12/2013; the efficacy of the medication was not provided. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.