

Case Number:	CM14-0004302		
Date Assigned:	02/05/2014	Date of Injury:	10/24/2006
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
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 Occupational 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 an employee of [REDACTED] and has submitted a claim for chronic neck pain, right shoulder internal derangement, and lumbar disc displacement associated with an industrial injury date of 10/24/2006. Treatment to date has included Depo-Medrol injection to the right shoulder, lumbar epidural steroid injection, home exercise program, use of a TENS unit, chiropractic care, and medications such as, Vicodin, naproxen, LidoPro lotion, trazodone, Protonix, lorazepam, and Terocin patch. Medical records from 2013 were reviewed showing that patient complained of persistent shoulder pain aggravated upon any type of movement. Patient likewise complained of persistent neck and low back pain associated with muscle spasm, stiffness, and tightness. She can do intermittent sitting, standing, walking, and light household chores. Patient is not currently working. She claimed that medications helped her to function. She also complained of difficulty sleeping. Physical examination revealed tenderness along the paracervical and paralumbar muscles. Right shoulder abduction was measured up to 80 degrees, with discomfort. Right shoulder external rotation was 70 degrees, while internal rotation was 40 degrees. Motor strength of right shoulder muscles was graded 4+/5. Impingement sign was positive. MRI of the right shoulder, dated 10/16/2013, revealed osseous arthropathy at acromioclavicular joint, minimal subscapularis bursitis and minimal glenohumeral joint effusion. Utilization review from 12/17/2013 denied the requests for naproxen sodium 500mg, #60 due to lack of documentation on pain relief and functional status; Lidopro lotion 4 ounces due to lack of evidence on its efficacy; trazodone 50mg, #60 because it is only recommended for short-term use; Protonix 20mg, #60 because of absence of gastrointestinal risk factors; lorazepam 1mg, #60 because it is not recommended for long-term use; and Terocin patch, #20 because there is little evidence to use topical NSAIDs for treatment

of osteoarthritis of the spine and shoulder. On the other hand, the request for Vicodin 5/500mg, #30 was not medically necessary, however, tapering of #30 pills for two months was advised.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500 MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MEDICATIONS FOR CHRONIC PAIN, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20-9792.26, 78

Decision rationale: As stated on page 78 of Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating the patient's use of Vicodin was written on June 2013. It was prescribed for moderate to severe pain, however, there is no documentation regarding the frequency of actual intake. Patient reported that it helped her to function. However, the medical records do not clearly reflect continued analgesia, or a lack of adverse side effects. Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Vicodin 5/500 mg, #30 is not medically necessary.

NAPROXEN SODIUM 500 MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MEDICATIONS FOR CHRONIC PAIN, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.24.2, 46

Decision rationale: As stated on page 46 of the Chronic Pain Medical Treatment Guidelines, (NSAIDs) non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been on Naproxen since June 2013. However, there is no documentation regarding pain relief or functional gains derived from its use. Long-term use is not recommended. The existing indication for this medication has not been established. Therefore, the request for Naproxen sodium 500 mg, #60 is not medically necessary.

LIDOPRO LOTION 4 OUNCES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TOPICAL COMPOUNDING MEDICATIONS, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.24.2, Page(s): 105,111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Capsaicin.

Decision rationale: LidoPro topical ointment contains capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. Chronic Pain Medical Treatment Guidelines, does not cite specific provisions regarding menthol, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Topical salicylate is significantly better than placebo in chronic pain as stated in page 105 of Chronic Pain Medical Treatment guidelines. Pages 111-112 further states that there is little to no research to support the use of lidocaine for compounded products, and lidocaine is not recommended for topical use. Furthermore, there is little to no research to support the use of Capsaicin 0.0325% in topical compound formulations. In this case, patient has been complaining of persistent neck, right shoulder, and low back pain despite multiple oral medications. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, and capsaicin in 0.0325% formulation is likewise not recommended. Therefore, the request for LidoPro lotion 4oz is not medically necessary.

TRAZODONE 50 MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MEDICATIONS FOR CHRONIC PAIN, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Insomnia Treatment.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, the earliest progress report stating the use of Trazodone was dated June 2013 and it was indicated for insomnia. However, patient still complained of difficulty in sleeping based on the most recent progress report. Furthermore, there is no discussion regarding her sleep hygiene, and presence of concomitant

depression or anxiety. The medical necessity has not been established. Therefore, the request for Trazodone 50mg, #60 is not medically necessary.

PROTONIX 20 MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MEDICATIONS FOR CHRONIC PAIN, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.24.2, 68

Decision rationale: As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. The presence of intermediate risk factors may necessitate a proton pump inhibitor. In this case, patient has been on Protonix since June 2013. Although patient is on Vicodin and Naproxen, there are no reports of gastrointestinal distress. There is likewise absence of the aforementioned risk factors. The medical necessity has not been established. Therefore, the request for Protonix 20mg, #60 is not medically necessary.

LORAZEPAM 1 MG, #60:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MEDICATIONS FOR CHRONIC PAIN, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.20 - 9792.26. Page(s): 24.

Decision rationale: As stated on page 24 of Chronic Pain Medical Treatment Guidelines, Benzodiazepines (lorazepam) is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limits use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, the patient has been on lorazepam since June 2013 for anxiety. However, there are no subjective complaints or mental status exam that may corroborate the necessity of a benzodiazepine. Furthermore, the patient has already exceeded the recommended duration of use. The medical necessity has not been established. Therefore, the request for lorazepam 1mg, #60 is not medically necessary.

TEROCIN PATCH #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TOPICAL COMPOUNDING MEDICATIONS, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.24.2, 28, 111-112

Decision rationale: Terocin lotion contains: methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. Regarding the Capsaicin component, Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. According to the guideline, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol component, does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, patient has persistent neck, right shoulder, and low back pain despite multiple oral analgesics. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use. Furthermore, there is no discussion concerning the need for multiple topical analgesics in this case. Therefore, the request for Terocin patch, #20 is not medically necessary.