

Case Number:	CM14-0004334		
Date Assigned:	02/05/2014	Date of Injury:	08/26/2009
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
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 Anesthesiology and 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 49-year-old male who reported an injury on 08/26/2009 after maintaining an awkward position. The injured worker reportedly sustained an injury to his right hand, wrist, and neck. The injured worker's treatment history included multiple surgical interventions to the right upper extremity, psychological support, physical therapy, acupuncture, and multiple medications. The injured worker was evaluated on 11/13/2013. It was documented that the injured worker had right shoulder pain with limited range of motion, and 5-/5 motor strength in all quadrants. The physical findings of the right wrist documented restricted range of motion with no signs of complex regional pain syndrome. The injured worker's diagnoses included cervical radiculopathy, left shoulder impingement, right elbow arthralgia, left wrist arthralgia, right wrist arthralgia, status post surgical intervention of the right wrist with persistent pain and crepitus, significant right wrist advanced degenerative joint disease with scapholunate ligament injury, right elbow common extensor tendon origin tendinosis with partial tear, status post right shoulder subacromial decompression, and left knee medial meniscus tear. The injured worker's treatment plan included continuation of medications. The injured worker's medication schedule included tramadol extended-release (ER), Lidopro cream, Flexeril, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG #60: 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, ,

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, Muscle Relaxants, 63

Decision rationale: The clinical documentation does provide evidence that the injured worker has been on a muscle relaxant since at least 11/2012. The Chronic Pain Guidelines do not recommend the use of muscle relaxants in the management of chronic pain. The guidelines recommend that the use of muscle relaxants be limited to two (2) to three (3) weeks for acute exacerbations of chronic pain. The clinical documentation indicates that this request exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Additionally, the request does not address a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested cyclobenzaprine 7.5 mg #60 is not medically necessary or appropriate.

LIDOPRO CREAM TOPICAL OINTMENT 4 OZ: 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, ,

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, Topical Analgesics, 111

Decision rationale: The requested medication is a compounded formulation with menthol, methyl salicylate, Lidocaine, and capsaicin. The Chronic Pain Guidelines recommend the use of menthol and methyl salicylate to manage osteoarthritic pain. However, the guidelines recommend the use of capsaicin as a topical analgesic only when are firstline chronic pain management treatments have been exhausted. There is no documentation that the injured worker has failed to respond to firstline medications to include anticonvulsants and antidepressants. Additionally, the guidelines do not recommend the use of Lidocaine in a cream or gel formulation as these are not FDA approved to treat neuropathic pain. The guidelines do not recommend the use of any medication that contains at least one (1) drug or drug class that is not supported by guideline recommendations. As such, the requested Lidopro cream topical ointment 4 ounces is not medically necessary or appropriate.