

Case Number:	CM14-0012993		
Date Assigned:	02/24/2014	Date of Injury:	03/09/2011
Decision Date:	08/18/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/31/2014

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, has a subspecialty in Pain Management 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 42-year-old female who has filed a claim for left shoulder disorder associated with an industrial injury date of March 09, 2011. Review of progress notes indicates neck pain radiating to the left upper extremity, left shoulder pain, and occasional right wrist/hand pain with numbness. Findings include mild-moderate decreased cervical, left shoulder, and right wrist range of motion; and tenderness over the cervical spine with muscle spasms. A sleep study dated October 21, 2013 showed decreased sleep efficiency associated with chronic pain conditions. Treatment to date has included topical analgesics, medical foods, NSAIDs, opioids, muscle relaxants, sedatives, and left shoulder surgery. Utilization review from January 16, 2014 denied the requests for Terocin as the patient does not have findings to support the use of a medication for neuropathic pain; Toradol 60mg as this is only indicated for acute pain; extracorporeal shock wave treatments as the patient does not have calcifying tendinitis of the shoulder; Flurbi (NAP) cream-LA, Gabacyclotram, and Somnicin #30 as there is no evidence to support their use. There was modified certification for 6 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN 240 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Capsacin, topical page 28; Salicylate topicals page 105; Topical Analgesics pages Page(s): 28, 10, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. California MTUS Chronic Pain Medical Treatment Guidelines page 111 states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS 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. Regarding the Menthol component, CA MTUS 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. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. There is no documentation regarding failure of or intolerance to conventional oral pain medications. Also, Lidocaine is not supported for topical use. Therefore, the request for Terocin 240ml was not medically necessary.

TORADOL 60 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69, 72.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. In this case, there patient is suffering from a chronic pain condition of the neck and left shoulder. There is no documentation regarding an acute exacerbation of pain to support this request. Also, the requested quantity is not specified. Therefore, the request for Toradol 60mg was not medically necessary.

EIGHT ACUPUNCTURE VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function chapter, page 114.

Decision rationale: As noted on page 114 of the California MTUS ACOEM Guidelines, they stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Functional improvement should be observed within 3-6 treatments, with treatments rendered 1 to 3 times per week and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. This patient has had 12 previous acupuncture sessions with improvement in pain, headaches, function, sleep, and activities of daily living. However, the body part to which the requested acupuncture sessions are directed to is not indicated. Therefore, the request for eight acupuncture visits was not medically necessary.

EXTRACORPEAL SHOCK WAVE TREATMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for use of extracorporeal shockwave therapy for the shoulders include a diagnosis of calcifying tendinitis despite six months of standard treatment. At least 3 conservative treatments should have been performed, including rest, ice, NSAIDs, orthotics, physical therapy, and cortisone injections. A maximum of 3 therapy sessions over 3 weeks is recommended. In this case, the patient does not have calcifying tendinitis of the left shoulder to support this treatment modality. Also, the treatment regimen is not specified. Therefore, the request for extracorporeal shock wave treatments was not medically necessary.

FLURBI CREAM-LA 180 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Antidepressants for chronic pain pages 13-15; Topical Analgesics Page(s): 13-15; 111-113.

Decision rationale: Flurbi (NAP) cream-LA is composed of Flurbiprofen 20%, Lidocaine 5%, and Amitriptyline 4%. As noted on pages 111-113 in the California MTUS chronic pain medical treatment guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is little to no research as for the use of Flurbiprofen in compounded products. Topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Pages 13-15 of California MTUS Chronic Pain Medical Treatment Guidelines state that tricyclics are considered first-line agents for neuropathic pain, especially when accompanied by insomnia, anxiety, or depression. It is a possible option for non-neuropathic pain in depressed patients. Amitriptyline is also effective for fibromyalgia and CPRS. However, there is no discussion regarding topical application of Amitriptyline. There is no guideline evidence to support the topical application of Flurbiprofen, Lidocaine, and Amitriptyline to support this request. Therefore, the request for Flurbi Cream-LA 180gm was not medically necessary.

GABACYCLOTRAM 180 GMS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) pages 93-94; Topical Analgesics Page(s): 111-113.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for use as a topical analgesic. Likewise, Cyclobenzaprine has no evidence for use as a topical product. Tramadol is indicated for moderate to severe pain. There is no discussion regarding topical application of Tramadol. There is no guideline evidence to support the topical use of Gabapentin, Cyclobenzaprine and Tramadol. Therefore, the request for Gabacyclotram 180gms was not medically necessary.

30 SOMNICIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Melatonin.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that melatonin is used as a treatment for insomnia. Somnicin is a proprietary blend which contains melatonin, L-

tryptophan, pyridoxine, and magnesium. According to ODG, melatonin is recommended for insomnia treatment. Repeated administration improves sleep and may reduce anxiety. There are also data supporting an analgesic role of melatonin in a dose-dependent manner. However, there are no guideline evidence to support the use of the L-tryptophan, pyridoxine, and magnesium in the management of insomnia. Therefore, the request for 30 Somnicin was not medically necessary.