

Case Number:	CM14-0111910		
Date Assigned:	09/18/2014	Date of Injury:	02/12/2007
Decision Date:	10/30/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation 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 male of unknown age who reported a date of injury of 02/12/2007. The mechanism of injury was not indicated. The injured worker had diagnoses of discogenic cervical condition with multilevel disc disease from C3-C7, impingent syndrome of the shoulder on the right status post surgical intervention, status post rotator cuff repair and anxiety. Prior treatments included physical therapy, epidural injection and the use of a TENS unit. The injured worker had unspecified nerve studies in 2011 and 2012 with unofficial reports indicating unremarkable exams. Surgeries included shoulder decompression with rotator cuff repair of unknown date. The injured worker had complaints of neck pain aggravated with activity. The clinical note dated 07/24/2014 noted the injured worker had tenderness to palpation along the rotator cuff with weakness to resisted function on the left arm, the injured worker's range of motion in the neck was 20 degrees of extension and 25 degrees of flexion and, adduction of the left arm was 120 degrees. Medications included Remeron. The treatment plan included Norco, Soma, naproxen, tramadol, Remeron and the physician's recommendation for neck traction and a facet joint injection. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma: 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 Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The request for Soma is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Most low back pain cases, show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This medication is used to decrease muscle spasm and conditions such as low back pain. It is recommended for short course of therapy. The guidelines recommend muscle relaxants as a second line option for acute exacerbations of patients with chronic low back pain. However, there is a lack of documentation indicating the injured worker failed a first line treatment with NSAID's or is intolerant to NSAID's. Additionally, the request as submitted did not specify a dose or frequency of use for the requested medication. As such, the request is not medically necessary.

Lidopro lotion: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Lidopro lotion is not medically necessary. The California MTUS Guidelines indicate topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, also indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short term use of 4 to 12 weeks. Any compounded product that contains at least one drug that is not recommended is not recommended. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. There is a lack of documentation the injured worker failed a trial of antidepressants and anticonvulsants. There is also a lack of documentation the injured worker has osteoarthritis, tendinitis, or neuropathic pain. Furthermore, the injured worker had complaints of neck pain for which the guidelines do not recommend topical analgesics although they are recommended for the knee, elbow or other joints that are amenable to topical treatment. Additionally, the request as submitted did not specify a frequency of the medications use, the dose of the medication or site of application for the medication. As such, the request is not medically necessary.

Tarocin patches: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Tarocin patches is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin patches contains Lidocaine 2.50%, Capsaicin 0.025%, Menthol 10% and methyl salicylate 25%. In regard to lidocaine, the guidelines state that there are no commercially approved topical formulations of lidocaine for neuropathic pain other than Lidoderm brand patches. In regard to capsaicin, it is recommended only as an option in patients who have not responded or are intolerant to other treatments. In regard to Methyl salicylate is significantly better than placebo in chronic pain when used as mono therapy. There is no rationale provided why Methyl salicylate is to be compounded. For the reasons listed above the request is not supported by the guidelines. As such, the request is not medically necessary.