

<b>Case Number:</b>	CM14-0113673		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/29/2008
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 and Washington. 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 reported an injury on 10/29/2008. The mechanism of injury was not provided. The prior medications included topical patches and Flexeril as of 02/2011. The prior treatments were noted to include physical therapy, a home exercise program, and an injections as well as a TENS unit, H-Wave, and a trigger point injection in the shoulder blade. The injured worker underwent an MRI for the shoulder. The surgical history was not provided. The office note dated 04/18/2014 revealed a request for a shoulder arthroscopy, decompression, labrum repair, preoperative clearance including history and physical, comprehensive metabolic panel, complete blood count, chest x-ray, EKG, pain catheter, and amoxicillin 875 mg #20 for prophylactic infective measures, Zofran 8 mg #10 for postoperative nausea, and gabapentin 600 mg #90 for neuropathic pain as well as a left shoulder immobilizer. Additionally, there were prescriptions for Norco 10/325 mg #20 for pain, Motrin 800 mg #90 for inflammation, and Lidoderm patches 5% #30 for topical use for pain, LidoPro lotion 4 ounces for topical use for pain, naproxen 550 mg #60 for inflammation, and Flexeril 7.5 mg for muscle spasm as well as Protonix 20 mg to treat upset stomach from taking medications. There was no DWC form RFA submitted for the requested interventions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, page 67 Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) for the short term symptomatic relief of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker was given prescriptions for 2 NSAID medications. There was a lack of documentation indicating a necessity for 2 NSAID medications. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Motrin 800 mg #90 is not medically necessary.

**Lidoderm patches 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, page 56, 57 Page(s): 56, 57.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend Lidoderm for localized peripheral pain after there has been evidence of a trial and failure of first line therapy including Gabapentin. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. The clinical documentation submitted for review indicated the injured worker was concurrently taking Gabapentin. As such, there was a lack of documentation of a trial and failure of a first line therapy. The clinical documentation indicated the injured worker had utilized topical products since 02/2014. There was a lack of documented efficacy to include an objective decrease in pain and objective improvement in function. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm patches 5% #30 is not medically necessary.

**Amoxicillin 875mg #20:** 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 Other Medical Treatment Guideline or Medical Evidence: Hauck, R. M., & Nogan, S. (2013). The use of prophylactic antibiotics in plastic surgery: update in 2010. *Annals of plastic surgery*, 70(1), 91-97.

**Decision rationale:** Per Hauck, R. M., & Nogan, S. (2013), "The indications for prophylactic antibiotics in plastic surgery remain controversial. No recent survey has been reported on the use of prophylactic antibiotics by plastic surgeons in clinical practice". The clinical documentation failed to provide a rationale for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating if the surgical intervention was approved. Given the above, the request for Amoxicillin 875 mg #20 is not medically necessary.

**Gabapentin 600mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs, page 16 Page(s): 16.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend antiepileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker was on the medication since at least 02/2014. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Gabapentin 600 mg #90 is not medically necessary.

**Lidopro lotion 4oz (quantity not listed):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, page 105, Topical Analgesic, page 111, Topical Capsaicin, page 28, Lidocaine, page 112 Page(s): 105; 111; 28; 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://www.drugs.com/search.php?searchterm=LidoPro>.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or

an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to provide documentation that an antidepressant and anticonvulsant had failed. The injured worker was noted to be taking an antiepileptic medication. The documentation indicated the injured worker had utilized the medication since at least 02/2014. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for LidoPro lotion 4 ounce (quantity not listed) is not medically necessary.

**Flexeril 7.5mg, #60:** 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, page 63 Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 02/2014. There was a lack of documentation of exceptional factors to warrant nonadherence to Guideline recommendations. There was a lack of documentation indicating objective functional benefit that was received from the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 7.5 mg #60 is not medically necessary.