MAXIMUS Federal Services

Case Number:	CM14-0134092		
Date Assigned:	08/25/2014	Date of Injury:	11/01/2006
Decision Date:	10/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 58-year-old female who reported an injury on 11/01/2006 reportedly sustained injuries to her shoulder and lower back while lifting up and swinging. The injured worker's treatment history included physical therapy, urine drug screens, medications, and MRI studies. The injured worker was evaluated on 04/16/2014 and it was documented the injured worker complained of neck pain and muscle spasm. Physical examination revealed there was bilateral shoulder pain radiating down arms to fingers associated with muscle spasms. Low back pain and muscle spasms. +1 tenderness to palpation at the suboccipital muscles, scalene over the sternocleidomastoid. Crepitus was noted with motion more severe over right shoulder. The injured worker was evaluated on 05/16/2014 and was documented the injured worker was unable to change her schedule followup visit; however, she was requiring medications to be prescribed. The injured worker complained of burning, radicular neck pain and muscle spasms. The injured worker rated the pain at 6/10 to 7/10 on the pain scale her pain was described as constant, moderate to severe. The pain was aggravated by looking up, looking down, and side to side, as well as repetitive motion of the head and neck. The pain was associated with radiating pain, numbness and tingling of bilateral upper extremities. The injured worker complained of sharp, burning bilateral shoulder pain radiating down the arms to the fingers associated with muscle spasms. The injured worker rated her right shoulder pain as 6/10 and the left shoulder pain as 7/10 on the pain analog scale. The pain was aggravated by gripping, grasping, reaching, pulling, lifting, and doing work at or above the shoulder level. The injured worker states that symptoms persist but the medication does offer her temporary relief of pain and improve her ability to have a restful sleep. She denied any problems with medications. The pain was also alleviated by activity restrictions. Diagnoses included cervical disc displacement, cervical spine radiculopathy,

left shoulder internal derangement, right shoulder SLAP tears, lumbar disc displacement, lumbar spine radiculopathy, mood disorder, anxiety, stress, and sleep disorder. The Request for Authorization dated 04/16/2014 was for caps/flur/tram/menth/cam/mediderm compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for caps/flur/tram/menth/cam/mediderm compound 240 gm (DOS 5/5/14): Upheld

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

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

Decision rationale: The request is not medically necessary. The California Chronic Pain Medical treatment Guidelines (MTUS) states that topical analgesics are "largely experimental" in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one or more drug class is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The exact mechanism of action remains undetermined. Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The provider failed to indicate conservative care outcome measurements. As such, the request for retrospective for caps/tram/menth/cam/mediderm compound 240 gm (DOS 05/05/2014) is not medically necessary.