

Case Number:	CM14-0047733		
Date Assigned:	08/08/2014	Date of Injury:	12/06/2010
Decision Date:	09/11/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational Medicine 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:

Per the records provided, the request for the IMR review was dated 4-9-14. This review is for Flexeril and Protonix. The claimant was noted to be injured 12-6-10, and was a 39 year old male who had degenerative cervical disc disease. He was pulling boxes full of dough and injured the right shoulder and neck. He had six sessions of therapy in 2010, an MRI of the right shoulder and one of the cervical spines; an Electromyogram (EMG) /Nerve Conduction Velocity (NCV) on 1-25-13, medicine, and CT of the neck on 3-20-14. There is mention of neurocompression and vascular compromise in the axilla. The diagnoses included weight gain, shoulder tendinosis, and radiculopathy. [REDACTED] orthopedic assessment from April 9, 2014 noted the claimant has neck, right shoulder and right arm issues. The pain is 7 out of 10. He uses Vicodin, as Hydrocodone causes anxiety and insomnia. There is spasm in the right shoulder and right arm. There is numbness and tingling in the right shoulder. Per this assessment, he has degenerative joint disease in the cervical spine, a C5-6 radiculopathy, a right shoulder impingement with some brachial plexus irritation, and some elements of depression with weight gain. The claimant sees [REDACTED] for depression, who prescribed Effexor. He is taking Naproxen, Neurontin and Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60 for spasm: 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 Page(s): 41-42.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. In most low back cases, Flexeril showed no benefit beyond NSAIDs in pain and overall improvement. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request for Flexeril 7.5mg #60 for spasm is not medically necessary.

Protonix 20mg #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 Page(s): 68.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request for Protonix 20mg #60 is not medically necessary.

LidoPro Cream One Bottle: 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 Page(s): 111.

Decision rationale: LidoPro is a combination of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and the primary component is the topical analgesic, Methyl Salicylate 27.5%. The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support

the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request for one bottle of LidoPro Cream is not medically necessary.