

<b>Case Number:</b>	CM14-0169896		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: Texas, California  
Certification(s)/Specialty: Family Practice

### 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 46 year old, female who sustained a work related injury on 3/5/13. The diagnoses have included left shoulder impingement, left rotator cuff tear and status post left shoulder surgery on 7/2013. The treatments have included oral medications, medicated lotion, pain relief patches, left shoulder surgery, and TENS unit therapy. The medication list includes Tramadol, trazodone, and Flexeril. The patient has had history of muscle spasm. In the PR-2 dated 9/8/14, the injured worker complains of persistent pain and stiffness in left shoulder. Physical examination of the left shoulder revealed tenderness on palpation, limited range of motion, positive Hawkin and Impingement sign. The treatment plan is requests for authorization of oral medications, LidoPro lotion and Terocin patches. Per the doctor's note dated 4/9/15, patient had complaints of left shoulder pain. Physical examination of the left shoulder revealed tenderness on palpation, limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg QTY:60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, and Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page 41-42.

**Decision rationale:** According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients." The diagnoses have included left shoulder impingement, left rotator cuff tear and status post left shoulder surgery on 7/2013. The treatments have included oral medications, medicated lotion, pain relief patches, left shoulder surgery, and TENS unit therapy. The patient has had history of muscle spasm. In the PR- 2 dated 9/8/14, the injured worker complains of persistent pain and stiffness in left shoulder. Physical examination of the left shoulder revealed tenderness on palpation, limited range of motion, positive Hawkin and Impingement sign. Per the doctor's note dated 4/9/15, patient had complaints of left shoulder pain. Physical examination of the left shoulder revealed tenderness on palpation, limited range of motion. The patient has evidence of muscle spasms on objective examination. The pt also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore the request for Flexeril 7.5mg QTY: 60 is medically necessary and appropriate for prn use during exacerbations.

**Protonix 20mg QTY: 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when; "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDS is not specified in the records provided. A detailed recent physical examination of the gastrointestinal tract was not specified in the records provided. A recent detailed examination of the gastrointestinal tract was not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. Protonix 20mg QTY:60 is not medically necessary in this patient.

**LidoPro Lotion 4 ounces:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

**Decision rationale:** Lidopro ointment contains capsaicin, lidocaine, menthol, and methyl salicylate. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." 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 recommended. 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). Non-neuropathic pain: Not recommended. Topical salicylate like methyl salicylate is recommended. However, there is no high grade scientific evidence for its use as a compounded medication with other topical analgesics. There is no high grade scientific evidence to support the use of menthol for relief of pain. There was no evidence in the records provided that the pain is neuropathic in nature. The records provided did not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA, MTUS, chronic pain treatment guidelines. LidoPro Lotion 4 ounces is not medically necessary in this patient.

**Terocin Patches QTY: 20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

**Decision rationale:** Terocin patches contain Menthol 4% and Lidocaine 4%. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. 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 recommended. 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). Non-neuropathic pain: Not recommended." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The records provided do not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis. Terocin Patches QTY:20 is not medically necessary in this patient.