

Case Number:	CM14-0207031		
Date Assigned:	12/19/2014	Date of Injury:	02/21/2013
Decision Date:	02/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 51-year-old male with an injury date of 02/21/2013. Based on the 09/02/2014 progress report, the patient complains of right shoulder pain which radiates down to the right arm and right upper extremity. There is tenderness upon palpation of the right shoulder and a restricted range of motion all directions. Right shoulder impingement signs, including Neer's, Hawkins, and scaption are positive. The 10/02/2014 report indicates that muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. Muscle strength is 5/5 in all limbs except for right biceps strength is 4/5 and wrist extensor strength is 4+/5. No further positive exam findings were provided on this report. The 10/30/2014 says that the patient rates his pain as a 6/10 and continues to have right shoulder pain radiating to the right arm and right upper extremity. There were no additional positive exam findings provided on this report either. The patient's diagnoses include the following: 1. Full-thickness and full-width supraspinatus tear. 2. Possible anterosuperior labral tear. 3. Acromioclavicular joint arthropathy. 4. Right shoulder internal derangement. 5. Right shoulder subluxation. 6. Right shoulder labral tear. 7. Right shoulder impingement. 8. Right shoulder sprain/strain. The utilization review determination being challenged is dated 11/07/2014. Treatment reports were provided from 05/13/2014 - 10/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #20: 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 lidoderm patches, Topical Analgesics Page(s): 56-57 111, 113.

Decision rationale: The patient presents with right shoulder pain radiating to the right arm and right upper extremity. The request is for TEROGIN PATCHES #20. The report with the request was not provided, nor were there any discussions regarding Terocin patches in any of the reports. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. MTUS Guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line treatment (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "Lidocaine indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use and outcome documented for function and pain. There is tenderness upon palpation of the right shoulder, a limited range of motion, and a positive right shoulder impingement sign (including Neer's, Hawkins, and scaption). There is no indication of where these patches will be applied to or if they will be used for neuropathic pain. Furthermore, the patient does not present with peripheral localized neuropathic pain. The requested Terocin patch IS NOT medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with right shoulder pain radiating to the right arm and right upper extremity. The request is for FLEXERIL 7.5 MG #60. There is tenderness upon palpation of the right shoulder, a limited range of motion, and a positive right shoulder impingement sign (including Neer's, Hawkins, and scaption). The report with the request was not provided, nor were there any discussions regarding Flexeril provided. MTUS page 63-66 states: "muscle relaxants (for pain) recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommend for a short course of therapy." None of the reports provided discussed Flexeril. It is unknown when the patient began taking Flexeril or if this is the first prescription for Flexeril. MTUS Guidelines do not recommend use of cyclobenzaprine for longer than 2-3 weeks. Since the date the patient initially began taking Flexeril is not provided, he may have already exceeded the 2-3 weeks recommended by MTUS

guidelines. It is unknown if this medication is prescribed on a long term basis. Therefore, the requested Flexeril IS NOT medically necessary.

Lidopro lotion 4oz #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: The patient presents with right shoulder pain which radiates to his right arm and right upper extremity. The request is for LIDOPRO LOTION 4 OUNCE #1. There is tenderness upon palpation of the right shoulder, a limited range of motion, and a positive right shoulder impingement sign (including Neer's, Hawkins, and scaption). LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "any compounded product that contains at least 1 (or a drug class) that is not recommended is not recommended." MTUS Guidelines do not allow any other formulation of lidocaine other than in patch form. MTUS Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Since lidocaine is not indicated for this patient, (in a non-patch form), the entire compound is not recommended. Therefore, the requested LidoPro lotion IS NOT medically necessary.