

Case Number:	CM14-0208753		
Date Assigned:	12/22/2014	Date of Injury:	08/12/2013
Decision Date:	02/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/12/2014

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

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 43-year-old male who reported an injury on 08/12/2013. The mechanism of injury was not provided. His diagnoses include status post right shoulder rotator cuff tear; biceps tendon tear; posterior capsular contracture; superior labral tear; impingement syndrome; AC joint arthritis; rule out radial, ulnar, medial nerve neuropathy on the right side; frozen shoulder on the right side; and bilateral carpal tunnel syndrome. Past treatment was noted to include medications. Upon physical examination, it was noted the injured worker had tenderness to the right trapezius and interscapular areas as well as medial border of the right scapular area. Current medications were not provided, as "he stopped taking all the medications." The treatment plan was noted to include LenzaGel, Flexeril, and Tramadol. A request was received for Flexeril 7.5mg one qhs prn #30 and Lenza gel (illegible) #120gm for pain relief and muscle relaxation. The Request for Authorization was signed 10/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5MG one qhs PRN #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

Decision rationale: The request for Flexeril 7.5mg one qhs prn #30 is not medically necessary. According to the California MTUS Guidelines, Flexeril is not recommended for longer than 3 weeks. It was indicated in the clinical documentation submitted for review that this injured worker had previously been prescribed Flexeril 7.5 mg; however, it was not indicated how this affected him and what the efficacy of it was. Consequently, the request is not supported by the evidence based guidelines. As such, the request for Flexeril 7.5mg one qhs prn #30 is not medically necessary.

Lenza gel (illegible) #120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-114.

Decision rationale: The request for Lenza gel (illegible) #120gm is not medically necessary. LenzaGel is comprised of lidocaine 4% and menthol 1%. According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that when any medication in a compounded product is not recommended, the entire compounded product is then not recommended. It is noted that the only approved use of lidocaine is in the form of a patch and is for postherpetic neuralgia. The clinical documentation submitted for review did not indicate that this injured worker had participated in anticonvulsants or antidepressants to warrant the need for topical analgesics. Additionally, the use of lidocaine in the form of a gel is not supported. It was not indicated that this injured worker had postherpetic neuralgia. Moreover, the request does not specify which body region this is to be applied to. Consequently, the request is not supported by the evidence based guidelines. As such, the request for Lenza gel (illegible) #120gm is not medically necessary.