

Case Number:	CM14-0072245		
Date Assigned:	07/16/2014	Date of Injury:	02/18/2003
Decision Date:	12/08/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/19/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female who sustained an industrial injury on 02-18-2003. A review of the medical records indicated that the injured worker is undergoing treatment for her left shoulder, cervical sprain, discogenic lumbar spine and weight gain. The injured worker is status post left carpal tunnel release and decompression in 2009. According to the treating physician's progress report on 04-04-2014, the injured worker continues to experience left shoulder and back pain. Examination of the lumbar spine demonstrated tenderness along the facets with range of motion noted at 35 degrees flexion and 20 degrees extension. Examination of the shoulder note positive impingement signs with weakness to resisted function and abduction no more than 120 degrees. The review also noted a weight gain upper to 200 pounds. There was no height or body mass index documented. Prior treatments have included diagnostic testing, transcutaneous electrical nerve stimulation (TEN's) unit, ice, left wrist brace, physical therapy, home exercise program and medications. Notes indicate that the patient underwent a trial with trazodone, and this prescription is for a subsequent refill. Current medications were listed as Trazodone, Naproxen and Protonix. Treatment plan consists of Trazodone 50mg #60 (between 04-04-2014 and 06-13-2014), LidoPro cream, weight loss program and 1 liver and kidney function test. On 04-21-2014 the Utilization Review determined the request for Trazodone 50mg #60 (between 04-04-2014 and 06-13-2014), LidoPro cream, weight loss program and 1 liver and kidney function test was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (The Official Disability Guidelines) (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for trazodone, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next day functioning. Within the documentation available for review, there are no recent subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to trazodone treatment. In the absence of such documentation, the currently requested trazodone is not medically necessary.

1 Liver and kidney function tests: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for 1 Liver and kidney function tests, California MTUS and ACOEM do not contain criteria for this request. ODG states that CBC and chemistry profile are recommended for patients taking NSAID medications. Within the documentation available for review, it appears the patient is taking NSAID medication. Additionally, it does not appear that any recent lab work has been performed. As such, the currently requested 1 Liver and kidney function tests is medically necessary.

LidoPro cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207e>.

Decision rationale: Regarding the request for LidoPro, LidoPro contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. In addition, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested LidoPro is not medically necessary.

Weight Loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V., Barry P., Fitterman N., Qaseem A., Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. *Ann Intern Med* 2005 Apr 5;142(7):525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Systematic review: an evaluation of major commercial weight loss programs in the United States. (<http://www.ncbi.nlm.nih.gov/pubmed/15630109>).

Decision rationale: Regarding the request for a weight loss program, CA MTUS and ODG do not address the issue. A search of the National Library identified an article entitled "Systematic review: an evaluation of major commercial weight loss programs in the United States." This article noted that, with the exception of 1 trial of [REDACTED] the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities. In light of the above issues, the currently requested weight loss program is not medically necessary.