

Case Number:	CM15-0168825		
Date Assigned:	09/09/2015	Date of Injury:	08/19/2010
Decision Date:	10/08/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

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 51 year old female with an industrial injury dated 08-19-2010. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder pain and left shoulder rotator cuff tear and full thickness with retraction. Medical records indicate ongoing left shoulder pain. Treatment consisted of MRI of the left shoulder dated 06-12-2015, prescribed medications, steroid injection and periodic follow up visits. In a progress note dated 06-18-2015, the injured worker reported persistent left shoulder pain despite left acromioclavicular joint (AC) and subacromial bursa steroid injection performed on 04-07-2015. Left shoulder exam (6-18-2015) revealed moderate tenderness over the left acromioclavicular joint (AC) joint, minimally positive Hawkin's test, moderate tenderness over the anterior acromion with strong positive impingement test and minimally positive bicep tendon tenderness. In more recent progress report dated 07-30-2015, left shoulder exam revealed severely restricted abduction secondary to pain, moderate to severe tenderness over the anterior acromion and bicep tendons, positive impingement test and thoracic trapezius muscle spasms. The treating physician reported that the Magnetic Resonance Imaging (MRI) of the left shoulder revealed supraspinatus complete full thickness. The treating physician prescribed Cyclobenzaprine 7.5mg Quantity: 60, Ultram ER 150mg Quantity: 30 and Terocin patch 4% Lidocaine Quantity: 30 now under review. Utilization Review determination on 08-06-2015 denied the request for Cyclobenzaprine 7.5mg Quantity: 60, Ultram ER 150mg Quantity: 30 and Terocin patch 4% Lidocaine Quantity: 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg Qty: 60: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in August 2010 and is being treated for left shoulder pain. When seen, she had discontinued taking Endocet due to itching. She had pain rated at 7/10. Physical examination findings included moderate left acromioclavicular joint and anterior acromion tenderness with positive impingement testing. Imaging results were reviewed and had shown a full thickness rotator cuff tear. Ultram ER was prescribed for chronic pain. Celebrex, Lidoderm, cyclobenzaprine, and Terocin in a patch formulation were also prescribed. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with one month of use and there was no exacerbation or documentation of muscle spasms. It was not medically necessary.

Ultram ER 150mg Qty: 30: Overturned

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): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in August 2010 and is being treated for left shoulder pain. When seen, she had discontinued taking Endocet due to itching. She had pain rated at 7/10. Physical examination findings included moderate left acromioclavicular joint and anterior acromion tenderness with positive impingement testing. Imaging results were reviewed and had shown a full thickness rotator cuff tear. Ultram ER was prescribed for chronic pain. Celebrex, Lidoderm, cyclobenzaprine, and Terocin in a patch formulation were also prescribed. Ultram ER is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain and after she had developed side effect from Endocet. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.

Terocin patch 4% Lidocaine Qty: 30: 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 rationale: The claimant sustained a work injury in August 2010 and is being treated for left shoulder pain. When seen, she had discontinued taking Endocet due to itching. She had pain rated at 7/10. Physical examination findings included moderate left acromioclavicular joint and anterior acromion tenderness with positive impingement testing. Imaging results were reviewed and had shown a full thickness rotator cuff tear. Ultram ER was prescribed for chronic pain. Celebrex, Lidoderm, cyclobenzaprine, and Terocin in a patch formulation were also prescribed. Terocin contains methyl salicylate, capsaicin, menthol, and lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments in a non patch formulation with generic availability that could be considered. This medication is not medically necessary.