

Case Number:	CM15-0197698		
Date Assigned:	10/13/2015	Date of Injury:	01/17/2012
Decision Date:	11/20/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/07/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 51year old male, who sustained an industrial injury on January 17, 2012. The injured worker was diagnosed as having cervical sprain and strain, cervical paraspinal muscle spasms, cervical disc herniation, cervical radiculitis and radiculopathy of the bilateral upper extremities, limited range of motion to the bilateral shoulders, and bilateral shoulder internal derangement. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, physical therapy, acupuncture, chiropractic therapy, home exercise program, medication regimen, magnetic resonance imaging of the right shoulder, and magnetic resonance imaging of the left shoulder. In a pain management, consultation dated August 14, 2015 the treating physician reports complaints of decreased range of motion to the neck with "severe" muscle spasms, along with frequent "moderate to severe" headaches with blurred vision, numbness, weakness, and tingling to the bilateral upper extremities. The consulting physician also noted complaints of constant, sharp, throbbing pain to the bilateral shoulders that radiates to the neck and arms with decreased range of motion to the bilateral shoulder. Examination performed on August 14, 2015 was revealing for pain at cervical five to six on palpation, an increase in tone to the bilateral trapezius muscles, point tenderness with "severe" myofascial pain on deep palpation with "severe" guarding, decreased range of motion to the neck and the upper extremities, and tenderness to the anterior region of the shoulder, the suprascapular muscles, and the acromion. The consultation on August 14, 2015 did not include the injured worker's specific medication regimen, but did indicate that the injured worker was currently on a pain medication, an anti-inflammatory medication, muscle relaxants, and sleeping pills as needed. On August 14, 2015 the injured worker's pain level was rated an 8 out of 10

that increased to a 9 out of 10, but the report did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. The progress note from May 08, 2015 noted prior prescription for Lidoderm, and in a progress note from March 20, 2015 the progress note included prescriptions for Tylenol #3 and Colace. On August 14, 2015 the treating physician requested the medications of Flurbiprofen 25%, Dextromethorphan 10% in Lidoderm Base of 180gm Gram with no quantity; Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% in Lidoderm Base of 180gm with no quantity, and Terocin Patch, 1 Patch with a quantity of 30, but the documentation did not indicate the specific reason for the requested medications. On September 28, 2015 the Utilization Review determined the requests for Flurbiprofen 25%, Dextromethorphan 10% in Lidoderm Base of 180gm Gram with no quantity; Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% in Lidoderm Base of 180gm with no quantity, and Terocin Patch, 1 Patch with a quantity of 30 to be non- approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Dextromethorphan 10% in Lidoderm Base 180 Gram No Qty.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested Flurbiprofen 25%, Dextromethorphan 10% in Lidoderm Base 180 Gram No Qty. is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has constant, sharp, throbbing pain to the bilateral shoulders that radiates to the neck and arms with decreased range of motion to the bilateral shoulder. Examination performed on August 14, 2015 was revealing for pain at cervical five to six on palpation, an increase in tone to the bilateral trapezius muscles, point tenderness with "severe" myofascial pain on deep palpation with "severe" guarding, decreased range of motion to the neck and the upper extremities, and tenderness to the anterior region of the shoulder, the suprascapular muscles, and the acromion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen 25%, Dextromethorphan 10% in Lidoderm Base 180 Gram No Qty. is not medically necessary.

Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% in Lidoderm Base 180 Gram No Qty.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% in Lidoderm Base 180 Gram No Qty. is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has constant, sharp, throbbing pain to the bilateral shoulders that radiates to the neck and arms with decreased range of motion to the bilateral shoulder. Examination performed on August 14, 2015 was revealing for pain at cervical five to six on palpation, an increase in tone to the bilateral trapezius muscles, point tenderness with "severe" myofascial pain on deep palpation with "severe" guarding, decreased range of motion to the neck and the upper extremities, and tenderness to the anterior region of the shoulder, the suprascapular muscles, and the acromion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% in Lidoderm Base 180 Gram No Qty. is not medically necessary.

Terocin Patch 1 Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested Terocin Patch 1 Patch #30, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has constant, sharp, throbbing pain to the bilateral shoulders that radiates to the neck and arms with decreased range of motion to the bilateral shoulder. Examination performed on August 14, 2015 was revealing for pain at cervical five to six on palpation, an increase in tone to the bilateral trapezius muscles, point tenderness with "severe" myofascial pain on deep palpation with "severe" guarding, decreased range of motion to the neck and the upper extremities, and tenderness to the anterior region of the shoulder, the suprascapular muscles, and the acromion.

The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Terocin Patch 1 Patch #30 is not medically necessary.