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| Case Number: | CM15-0205505 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 12/17/2014 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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 41 year old male injured worker suffered an industrial injury on 12-17-2014. The diagnoses included left SLAP tear, Shoulder region lesion, AC joint pain, sleep disorder, and myofascial pain. On 9-15-2015 the treating provider reported chronic left shoulder pain with left arm range of motion severely limited and cannot perform activities of daily living. The pain was around the AC joint, with burning sensation around the neck and lower arm. The injured worker noted the stomach was improving with Omeprazole. He stated the medications were helpful about 40% to 50%. He noted the Lidopro was helpful for managing the pain and keeping the oral medicines at minimum. Cyclobenzaprine was reported by injured worker to be helpful in sleeping. On exam the AC joint was tender and positive rotator cuff testing and down sloping of the left acromion. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medication and no evidence of functional improvement with treatment. There was no objective clinical evidence of gastric symptoms related to NSAID use. Prior treatment included failed cortisone injection and physical therapy. Lidopro, Naproxen, Omeprazole and Cyclobenzaprine had been in use since at least 5-201. The Utilization Review on 9-23-2015 determined non-certification for Lidopro Cream 121gm #1, Naproxen Sodium 550mg BID #60, Omeprazole 20mg #60 and Cyclobenzaprine 7.5mg 1 tab #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream 121gm #1: 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 request is for the use of Lidopro cream to aid in pain relief. The MTUS guidelines states that use of topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm patches are the only commercially approved topical formulation of lidocaine for neuropathic pain. In this case, the patient suffers from chronic pain from a glenoid labrum tear and myofascial pain. The use of Lidopro cream is not guideline-supported. This is secondary to no indication that the pain is neuropathic in origin as well as the fact that the formulation requested is not approved for topical use per the guidelines. As such, the use of Lidopro cream is not medically necessary.

Naproxen Sodium 550mg 1 tab p.o BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The request is for the use of Naproxen for the treatment of chronic pain related to a glenoid labrum tear and myofascial pain. The MTUS guidelines states that use of NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain or for those with gastrointestinal, cardiovascular or renovascular risk factors. In this case, the use of Naproxen is not guideline-supported. This is secondary to the prolonged duration of use without significant functional improvement seen. As such, the continued use of Naproxen is not medically necessary.

Omeprazole 20mg 1 tab p.o BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request is for the use of Omeprazole. The MTUS guidelines state that clinicians should weight the indications for NSAIDs against GI and cardiovascular risk factors. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease would benefit from a proton pump inhibitor if on a non-selective NSAID. Risk is determined by an age of greater than 65, a history of peptic ulcer or GI bleeding, concurrent use of aspirin or corticosteroids, or patients on high dose/multiple NSAIDs. This patient has been diagnosed with a SLAP glenoid labrum shoulder tear, AC joint pain, and myofascial pain. There is no documentation found which places the patient at intermediate risk for gastrointestinal events such as peptic ulcer disease. As such, the request for the use of omeprazole is not medically necessary.

Cyclobenzaprine 7.5mg 1 tab p.o QHS PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for the use of Cyclobenzaprine to aid in muscle spasm relief for a glenoid labrum SLAP tear, AC joint pain, and myofascial pain. The MTUS guidelines state that muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most cases they show no benefit over NSAIDs in pain improvement. Efficacy diminishes over time and prolonged use may lead to dependence. In this case, the continued use of Cyclobenzaprine is not guideline-supported. This is secondary to the prolonged duration of use without objective functional gains seen in this patient. As such, the use of Cyclobenzaprine is not medically necessary.