

Case Number:	CM15-0212312		
Date Assigned:	11/24/2015	Date of Injury:	02/21/2013
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/28/2015

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: Preventive Medicine, Occupational 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 33-year-old male, who sustained an industrial injury on 02-21-2013. He has reported injury to the neck and left shoulder. The diagnoses have included cervical spine musculoligamentous sprain-strain with left upper extremity radiculitis; status post left shoulder operative arthroscopy involving Bankart repair, partial synovectomy, removal of loose bodies, acromioplasty, Mumford procedure, lysis of adhesions, and subacromial bursectomy, on 11-7-2013; and post-operative frozen shoulder syndrome. Treatment to date has included medications, diagnostics, injection, physical therapy, chiropractic therapy, home exercise program, and surgical intervention. Medications have included Norco, Fexmid, and Prilosec. A progress note from the treating physician, dated 09-04-2015, documented a follow-up visit with the injured worker. The injured worker reported neck and left shoulder symptoms; flare-up for the past month when trying to increase activities of daily living; self-treated with medications; the pain is rated at 6-7 out of 10 in intensity; the pain is described as constant, mild to moderate, dull, sharp, with numbness, weakness, ache, and soreness; and the chiropractic treatments were helpful in the past. Objective findings included tenderness to palpation over the cervical paraspinal musculature and trapezius muscles; axial compression test elicits increased neck pain; there is decreased sensation at the left C7 dermatomes; exam of the left shoulder reveals post-operative changes; there is tenderness to palpation over the trapezius muscles, subacromial region, and acromioclavicular joint; impingement and cross arm tests are positive; there is painful range of motion; and motor testing reveals Grade 4 out of 5 muscle weakness. The treatment plan has included the request for Dendracin Lotion 120ml; Fexmid 7.5mg #60; and

Prilosec 20mg #30. The original utilization review, dated 10-16-2015, non-certified the request for Dendracin Lotion 120ml; Fexmid 7.5mg #60; and Prilosec 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion 120ml: Upheld

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

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

Decision rationale: Dendracin lotion contains the active ingredients methyl salicylate 30%, capsaicin 0.0375%, and menthol 10%. The use of topical analgesics are recommended as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.0375% is not recommended by the guidelines, the use of Dendracin lotion is not recommended. The request for Dendracin Lotion 120ml is determined to not be medically necessary.

Fexmid 7.5mg #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): Cyclobenzaprine (Flexeril), Weaning of Medications.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, although there is an acute flare up of spasm and pain and the injured worker has not used Cyclobenzaprine in a couple of months, this request for 60 tablets does not imply short-term treatment. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Fexmid 7.5mg #60 is determined to not be medically necessary.

Prilosec 20mg #30: 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: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. In this case, the injured worker is noted to have gastrointestinal upset secondary to Fexmed and Norco use. As both of these medications are no longer supported, there is no longer an indication for a PPI. The request for Prilosec 20mg #30 is determined to not be medically necessary.