

Case Number:	CM15-0047628		
Date Assigned:	03/19/2015	Date of Injury:	01/20/2005
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, New York, 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 applicant is a represented 53-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of January 20, 2005. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve requests for LidoPro cream, Flexeril, interferential-muscle stimulator device, and associated conductive garment. The claims administrator referenced an RFA form in an associated progress note of February 2, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated February 2, 2015, attending provider sought authorization for MRI imaging of the shoulder, an interferential-muscle stimulator with associated conductive garment, hot and cold wrap, Norco, Nalfon, tramadol, Remeron, Protonix, LidoPro, and Flexeril. No clinical progress notes were seemingly attached to the February 2, 2015, RFA form. In a progress note dated December 29, 2014, the applicant reported ongoing complaints of shoulder pain reportedly imputed to partial thickness rotator cuff tear. Low back pain with associated insomnia was also evident. Limited shoulder range of motion was noted. Authorization for shoulder surgery, Norco, tramadol, Nalfon, Protonix, and an electrical stimulator device with associated conductive garment was sought. The applicant was not working, the treating provider acknowledged. The attending provider stated that the applicant's medications were helpful, but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine indication Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LidoPro - DailyMeddailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm archived Dec 1, 2012 - LIDOPRO- capsaicin, lidocaine hydrochloride, menthol and methyl salicylate ointment.

Decision rationale: No, the request for topical LidoPro lotion was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, one of the ingredients in the LidoPro compound, is not recommended except in applicants who have responded to or are intolerant of other treatments. Here, however, there was no mention of the applicant's being intolerant to and/or having failed multiple classes of first line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing LidoPro compound in question. The applicant's ongoing usage of multiple first line oral pharmaceuticals, including Norco, tramadol, Nalfon, etc., seemingly obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Nalfon, LidoPro, tramadol, Remeron, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. Therefore, the request was not medically necessary.

IF or Muscle stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Simulation (ICS) Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: Similarly, the request for an interferential stimulator-muscle stimulator device was likewise not medically necessary, medically appropriate, or indicated here. The muscle stimulator in question represents a neuromuscular electrical stimulator or NMES, which, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines is not recommended in the chronic pain context present here. Since one component in the device is not recommended, the entire device is not recommended. Therefore, the request was not medically necessary.

Conductive Garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: Finally, the request for a conductive garment was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanies the request for the interferential stimulator-muscle stimulator device. Since that request was deemed not medically necessary, the derivative or companion request for an associated conductive garment was likewise not medically necessary.