

Case Number:	CM15-0050760		
Date Assigned:	03/24/2015	Date of Injury:	06/06/1999
Decision Date:	05/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/17/2015

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: Physical Medicine & Rehabilitation

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 63-year-old female who reported an injury on 06/06/1999. The mechanism of injury was not included in the documentation submitted for review. She is diagnosed with bilateral carpal tunnel syndrome, status post carpal tunnel release with persistent symptomatology. Her past treatments have included medications, ice, heat, and psychiatric sessions. Diagnostic studies were not included in the documentation submitted for review. Her surgical history included a right carpal tunnel release performed an unknown date. The injured worker presented on 10/23/2014 with complaints of shoulder pain, rated a 6/10. The injured worker complained of increased stiffness in the bilateral shoulders. The injured worker also admitted to occasional spasms; however, she denied numbness and tingling lately. The injured worker reported that she was able to lift half a gallon. The injured worker admitted to having issues with gripping and grasping. She reported that she was able to do basic chores; however, she acknowledged that her sleep was disrupted by pain. Furthermore, she admitted to depression due to chronic pain that significantly decreased her ability to do daily tasks and work. On physical examination of the upper extremities, the left upper extremity laterally abducted to 100 degrees; the right upper extremity laterally abducted to 85 degrees. Her current medication regimen included over the counter Tylenol, ibuprofen, Lexapro, and Norflex. The treatment plan included for the injured worker to avoid forceful pushing, pulling, and heavy lifting. She was advised to use ice and heat for pain as needed. She was also encouraged to do home exercises to maintain range of motion. The rationale for the request for Terocin patches was for the topical use for pain; the rationale for the request for LidoPro lotion was for the topical use for pain; the

rationale for the request for Protonix was to treat stomach upset from taking medications; the rationale for the request for Lidoderm patch was for topical use for pain; and the rationale for the request for Norflex was for muscle spasms. A Request for Authorization form, dated 03/17/2015, was submitted in the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Terocin patches #30 is not medically necessary. The injured worker had upper extremity pain. The California MTUS Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, the guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Additionally, the guidelines state that there is no other topical lidocaine indication commercially approved (whether creams, lotions, or gels) that is indicated for neuropathic pain besides the brand name Lidoderm patch. Furthermore, additional research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. The documentation submitted for review failed to provide evidence that the injured worker has a diagnosis of post herpetic neuralgia. As such, the request for Terocin patches #30 is not medically necessary.

LidoPro lotion 4 oz: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: The request for LidoPro lotion 4 ounces is not medically necessary. The injured worker had upper extremity pain. The California MTUS Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, the guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Additionally, the guidelines state that there is no other topical lidocaine indication commercially approved (whether creams,

lotions, or gels) that is indicated for neuropathic pain besides the brand name Lidoderm patch. Furthermore, additional research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. The documentation submitted for review failed to provide evidence that the injured worker has a diagnosis of post herpetic neuralgia. As such, the request for LidoPro lotion 4 ounces is not medically necessary.

Protonix 20mg #60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Protonix 20 mg #60 is not medically necessary. The injured worker had right upper extremity pain. The California MTUS Guidelines state proton pump inhibitors are recommended for patients with dyspepsia related to NSAID use. The documentation submitted for review provided evidence that the injured worker has GI upset from medication use. Therefore, continuation of this medication would be appropriate. However, the request, as submitted, failed to indicate a frequency of use. As such, the request is not medically necessary.

Lidoderm patch 5% 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Lidoderm patch 5% 360 is not medically necessary. The injured worker had right upper extremity pain. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, the guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Additionally, the guidelines state that the lidocaine indication is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy of a tricyclic or SNRI antidepressant or an antiepileptic drug. Topical lidocaine, in the formulation of a dermal patch, has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. However, the guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. The documentation submitted for review failed to provide evidence that the injured worker had a diagnosis of post herpetic neuralgia. In the absence of the aforementioned documentation, the request as

submitted is not supported by the guidelines. As such, the request for Lidoderm 5% 360 is not medically necessary.

Norflex 100mg #60: 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 Muscle Relaxants Page(s): 63-65.

Decision rationale: The request for Norflex 100 mg #60 is not medically necessary. The injured worker had right upper extremity pain. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short treatment of acute exacerbations in patients with chronic low back pain. Additionally, the guidelines state that Norflex is similar to diphenhydramine, but has greater anticholinergic effects. The documentation submitted for review provided evidence that the injured worker had had extended use of Norflex. Therefore, the request as submitted is not supported by the guidelines. Additionally, the request, as submitted, failed to indicate a frequency of use. As such, the request for Norflex 100 mg #60 is not medically necessary.