

Case Number:	CM15-0057444		
Date Assigned:	04/02/2015	Date of Injury:	05/23/2011
Decision Date:	05/29/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/26/2015

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, Arizona
 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 59 year old male, who sustained an industrial injury on 05/23/2011. The mechanism of injury was repetitive motion. The initial complaints or symptoms included left wrist/forearm pain and swelling, and left shoulder pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, biceps tendon repair surgery, MRIs, and psychological testing. Currently, per the documentation of 2/10/15, the injured worker complains of severe pain to the left shoulder and arm despite medications and conservative therapies. The diagnoses include left shoulder rotator cuff tear, left shoulder bursitis, and left shoulder status post biceps tendon repair. The treatment plan consisted of request for left shoulder surgery to include rotator cuff repair and biceps tenodesis and subacromial decompression debridement, post-op physical therapy, continued medications (including cyclobenzaprine, omeprazole, Lidopro cream, and naproxen), and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #90: 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.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the medication assisted the injured worker to sleep. However, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. Ninety tablets would exceed the maximum 3 week recommendation. Given the above, the request for cyclobenzaprine 7.5 mg #90 is not medically necessary.

Omeprazole 20 mg #90: 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 Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation the injured worker had dyspepsia. There was a lack of documentation indicating the injured worker had been assessed and been found to be at intermediate or higher risk for gastrointestinal events. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg #90 is not medically necessary.

Lidopro 121 gm #1: 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 Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105,111,28,112. Decision based on Non-MTUS Citation www.drugs.com/search.php?searchterm=LidoPro.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least

one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended 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 indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The efficacy was not provided. The documentation indicated this was a current medication. The request as submitted failed to indicate the frequency for the requested medication as well as the body part to be treated. Given the above, the request for Lidopro 121 gm #1 is not medically necessary.

Naproxen 550 mg #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 Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective pain relief and an objective improvement in function with the use of medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen 550 mg #60 is not medically necessary.