

Case Number:	CM15-0066776		
Date Assigned:	05/13/2015	Date of Injury:	04/05/2013
Decision Date:	08/21/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/08/2015

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: Indiana

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 42-year-old male, who sustained an industrial injury on 4/5/13. Initial complaints were of the neck, left shoulder and left upper extremities. The injured worker was diagnosed as having cervical disc displacement; lumbar spine pain; left shoulder pain; lumbar spine radiculopathy. Treatment to date has included physical therapy; acupuncture; aquatic therapy; cervical epidural steroid injection/epidurogram (12/9/14); medications. Diagnostics studies included MRI cervical spine 7/28/13; EMG study (9/13/13). Currently, the PR-2 notes dated 2/20/15 is hand written. The notes indicated the injured worker complains of neck and left shoulder pain rated at 4/10 in severity and headache. Objective findings are reported as tender to palpation of the cervical spine and left shoulder with pain and spasms. The injured worker reports that he has an orthopedic consult scheduled on 3/9/15 for his left shoulder. Prior PR-2 notes dated 1/12/15 indicated the injured worker has a cervical epidural steroid injection on 12/9/14 with increased pain and headache. He went to the emergency room on 12/16/14 that resulted in a CT scan of the head (no results). He was to have a cardiovascular work-up on 1/6/15 due to symptoms of heart palpitations, sweating and syncope. He was to continue to rest and recover until the work-up on 1/6/15. The PR-2 notes of 12/16/14 reports his continued neck pain. The records document diagnostic study results of an EMG dated 9/13/13 as an abnormal study consistent with chronic left C5 and C6 radiculopathy given abnormalities and myotomes. There is no electrodiagnostic evidence of left brachial plexopathy or evidence of focal median, ulnar or radial neuropathy on the left. A MRI of the cervical spine is documented dated 7/28/13 impression of mild cervical spondylosis and degenerative disc disease at C5-C6 and C6-C7 with no significant canal stenosis or associated core signal abnormality; disc osteophyte complex of C5-C6 resulting in mild right for minimal narrowing. The provider is requesting authorization of Retrospective Medications: Fenoprofen 400 mg #60 (2/20/15); Lidopro cream 121grams (20/20/15); Gabapentin 300mg #60 (2/20/15) and Cyclobenzaprine 7/5mg #60 (2/20/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro cream 121 grams (2/20/15): 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Compound Creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidopro is a topical medication containing Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." In this case, lidocaine is not supported for topical use per guidelines. As such, the request for lidopro lotion is not medically necessary.

Retrospective Cyclobenzaprine 7.5 mg #60 (2/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril ½) and Other Medical Treatment Guidelines UpToDate: Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment

should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request is not medically necessary.