

Case Number:	CM15-0084303		
Date Assigned:	05/06/2015	Date of Injury:	11/24/2010
Decision Date:	06/08/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on 11/24/2010. She has reported injury to the neck, right shoulder, and low back. The diagnoses have included right shoulder strain and contusion; right shoulder adhesive capsulitis; subacromial impingement syndrome right shoulder; cervical pain; right hip trochanteric bursitis; and post-laminectomy syndrome lumbar spine. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, epidural steroid injection, acupuncture, massage therapy, surgical intervention, and physical therapy. Medications have included Skelaxin, Lidoderm Patch, and Pennsaid Solution. A progress note from the treating physician, dated 04/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right hip pain; right shoulder pain and arm pain; pain is rated as 7 on a scale from 1 to 10 without medications; quality of sleep is poor; and she is noticing increased right shoulder/arm numbness and tingling. Objective findings included limited cervical spine range of motion; trigger point with radiating pain and twitch response on palpation of the cervical paraspinal muscles and on the right trapezius muscle; right shoulder tenderness is noted in the biceps groove and subdeltoid bursa; and right hip tenderness is noted over the trochanter. It is noted that the injured worker is stable and has improved quality of life and increased capability for daily activities with her medication regimen. The treatment plan has included the request for Lidoderm 5% Patch; Skelaxin 400mg quantity unspecified; and Pennsaid 1.5% Solution, quantity unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% patches are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They 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. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial. If improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are cervical pain; spasm muscle; shoulder pain; and hip pain. Subjectively, according to an April 8, 2015 progress note, the injured worker presents right shoulder pain. The VAS pain scale is 7/10. The injured worker's list of current medications includes Pennsaid 1.5%, Lidoderm patch 5% and Skelaxin 400 mg 1 po BID. Objectively, range of motion of the cervical spine is decreased, paravertebral muscles show hypertonicity and spasm on the right; shoulder tender in the biceps groove and subdeltoid bursa; motor exam is normal. There are no subjective or objective neuropathic symptoms or signs documented in the medical record. There is no documentation of objective functional improvement in the medical record to support the ongoing use of Lidoderm patches. There is no evidence of first-line treatment failure with antidepressants and anticonvulsants. There is no Lidoderm 5% quantity specified in the request for authorization. Consequently, absent clinical documentation of first-line treatment failure, subjective and objective evidence of neuropathic symptoms and signs, and objective functional improvement (with ongoing Lidoderm 5% patches), Lidoderm 5% patches are not medically necessary.

Skelaxin 400mg quantity unspecified: 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 Relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Skelaxin 400mg # unspecified is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical pain; spasm muscle; shoulder pain; and hip pain. Subjectively, according to an April 8, 2015 progress note, the injured worker presents right shoulder pain. The VAS pain scale is 7/10. The injured worker's list of current medications includes Pennsaid 1.5%, Lidoderm patch 5% and Skelaxin 400 mg 1 po BID. Objectively, range of motion of the cervical spine is decreased, paravertebral muscles show hypertonicity and spasm on the right; shoulders tender in the biceps groove and subdeltoid bursa; motor exam is normal. Skelaxin is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. The documentation does not contain evidence of an acute exacerbation of chronic low back pain. Additionally, Skelaxin is indicated for short-term (less than two weeks). The quantity is unspecified and the duration for use is unspecified in the medical record. According to the progress of documentation (April 8, 2015), Skelaxin is a current medication taken twice a day. Skelaxin was started in a February 11, 2015 progress note (approximately 2 months). Consequently, absent compelling clinical documentation with evidence of objective functional improvement in excess of the recommended guidelines for short-term use (less than two weeks), Skelaxin 400mg # unspecified is not medically necessary.

Pennsaid 1.5% Solution, quantity unspecified: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pennsaid 1.5% solution quantity unspecified is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They 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. Pennsaid (diclofenac topical solution) is FDA approved for osteoarthritis of the knee. In this case, the injured worker's working diagnoses are cervical pain; spasm muscle; shoulder pain; and hip pain. Subjectively, according to an April 8, 2015 progress note, the injured worker presents right shoulder pain. The VAS pain scale is 7/10. The injured worker's list of current medications includes Pennsaid 1.5%, Lidoderm patch 5% and Skelaxin 400 mg 1 po BID. Objectively, range of motion of the cervical spine is decreased, paravertebral muscles show hypertonicity and spasm on the right; shoulder tender in

the biceps groove and subdeltoid bursa; motor exam is normal. There are no subjective or objective neuropathic symptoms or signs documented in the medical record. Pennsaid (diclofenac topical solution) is FDA approved for osteoarthritis of the knee. There is no documentation of osteoarthritis of the knee or a clinical indication or rationale indicating Pennsaid use. There is no documentation of objective functional improvement in the medical record to support the ongoing use of Pennsaid 1.5%. There is no evidence of first-line treatment failure with antidepressants and anticonvulsants. There is no Pennsaid solution quantity specified in the request for authorization. Consequently, absent clinical documentation of first-line treatment failure, evidence of osteoarthritis of the knee, a clinical indication and rationale for Pennsaid 1.5% use and objective functional improvement (with ongoing Pennsaid 1.5%), Pennsaid 1.5% solution, quantity unspecified is not medically necessary.