

Case Number:	CM14-0160272		
Date Assigned:	10/03/2014	Date of Injury:	10/27/2011
Decision Date:	11/03/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old female who reported injury on 10/27/2011. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical radiculitis, lumbar discogenic disease, lumbar spine grade 1 spondylolisthesis, left lower extremity radiculopathy, left shoulder rotator cuff impingement/tear, status post open repair with residuals and symptoms of left carpal tunnel syndrome. Past medical treatment consists of surgery, physical therapy and medication therapy. Medications consist of Duexis, Zanaflex and Terocin lotion. On 08/06/2014, the injured worker complained of pain in the neck and left shoulder. It was noted on physical examination that the injured worker stated her pain was decreased by 50% with medications and had improved function. Her pain rate was 8/10 without medications. It was also noted on the examination of the cervical spine that there were spasms present and decreased range of motion. There was facet tenderness. Tenderness to palpation over the cervical trapezial ridge was noted. Examination of the left shoulder revealed painful range of motion. Forward flexion and abduction were 120 degrees. There was a healed scar. Tenderness to palpation at the AC joint was noted. Abduction was 130 degrees. Medical treatment plan is for the injured worker to continue the use of medication therapy. The rationale and request were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Deuxis #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Duexis

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The request for prospective use of Duexis is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) in patients with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The guidelines also recommend that NSAIDs be prescribed at the lowest effective dose and shortest duration of time. The submitted documentation did not indicate in the submitted report a complete and accurate pain assessment, the efficacy of the medication was also not submitted for review. Additionally, the documentation failed to indicate how long the injured worker has been on medication. Furthermore, there was no rationale submitted by the provider indicating whether the medication was helping with any functional deficits. The request as submitted did not indicate a dosage, frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

Prospective use of Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Tizanidine (Zanaflex), Page(s): 66.

Decision rationale: The request for Zanaflex is not medically necessary. The California MTUS Guidelines recommend Zanaflex as a non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Medications in this drug class are recommended for short term use. The submitted documentation failed to indicate the efficacy of the medication, nor did it indicate that the Zanaflex was helping with any functional deficits the injured worker had. The documentation also failed to indicate as to how long the injured worker had been taking the requested medication. Given the above, the injured worker is not within recommended guidelines. As such, the request is not medically necessary.

Prospective use of Terocin Lotion 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Topical Salicylate Topical Analgesic, Topical Capsaicin, p , Lidocaine, Page(s): 10.

Decision rationale: The request for Terocin lotion is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or 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. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The California MTUS 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 (trial tricyclic or SNRI antidepressant or AED such as gabapentin or Lyrica). No other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The California MTUS Guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin, lidocaine, menthol, and methyl salicylate. The submitted documentation did not provide a rationale as to how the Terocin lotion would help benefit the injured worker with any functional deficits. Additionally, guidelines do not recommend the use of Terocin lotion. Furthermore, the request as submitted did not indicate a dosage, frequency or duration of medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.