

Case Number:	CM14-0092106		
Date Assigned:	07/21/2014	Date of Injury:	12/04/2011
Decision Date:	09/17/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/05/2014

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 35 year old female with a reported date of injury on 12/14/2001; the mechanism of injury was not provided. Diagnoses included cervical disc degeneration and right shoulder rotator cuff tear. Past treatments included 12 sessions of post-operative physical therapy and immobilization. Diagnostic studies were not provided. Surgical history included a right shoulder arthroscopic subacromial decompression with acromioplasty, and partial release of coracoacromial ligament on 01/09/2014. The clinical note dated 05/20/2014 indicated the injured worker had pain rated 8/10 to the right shoulder. Physical exam findings indicated right hand swelling, tenderness to palpation over right deltoid, and regression of range of motion. Current medications included Lidopro 4 oz, Tramadol ER 150 mg, and Cyclobenzaprine 7.5 mg. The treatment plan was for Cyclobenzaprine 7.5 mg and Lidopro 4 oz, rationale for which was not provided. The request for authorization was submitted for review on 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Antispasmodics Page(s): 63,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril)and Muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: The injured worker is a 55 year old female who complained of right shoulder pain 8/10 with right hand swelling. The clinical note dated 05/20/2014 indicated the patient had right shoulder regression of range of motion, and tenderness to palpation over the right deltoid. The injured worker had a history of right shoulder arthroscopic rotator cuff repair. Current medications included Lidopro, Tramadol, and Cyclobenzaprine. The California MTUS guidelines state that Cyclobenzaprine is recommended as an option for chronic pain, using a short course of therapy, with relief of pain being generally temporary. Measures of the lasting benefit of Cyclobenzaprine should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The injured worker has been prescribed Flexeril since at least 03/2014. Continued use would exceed the guideline recommendation for a short course of treatment. There is no indication that the injured worker has significant muscle spasms upon physical examination. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Furthermore, the request does not include indicators of time and frequency for taking the medication. Therefore, the request for Cyclobenzaprine 7.5 mg is not medically necessary.

Lidopro 40z: 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 rationale: The injured worker complained of right shoulder pain 8/10 with right hand swelling. The clinical note dated 05/20/2014 indicated the patient had right shoulder regression of range of motion, and tenderness to palpation over the right deltoid. The injured worker had a history of right shoulder arthroscopic rotator cuff repair. Current medications included Lidopro, Tramadol, and Cyclobenzaprine. California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro Cream contains Capsaicin 0.0325%, Menthol 10%, Lidocaine 4.5% and Methyl Salicylate 27.5%. The California MTUS Guidelines state that 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 proposed cream contains 0.0375% formulation of capsaicin. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In addition, the guidelines state that there are no commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) that are indicated for neuropathic pain other than Lidoderm. There is no indication that the injured worker has not responded to or is intolerant to other treatments. The proposed cream contains Lidocaine, which is not recommended per the guidelines. Furthermore, the request does not include indicators of time, frequency and location for using the medication. Therefore, the request for Lidopro 4 oz is not medically necessary.

