

Case Number:	CM14-0211908		
Date Assigned:	12/24/2014	Date of Injury:	03/21/2013
Decision Date:	02/27/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 44-year-old female with an injury date of 03/21/13. Based on progress report dated 11/11/14, the patient complains of pain in neck, mid back, and low back. She also has pain in the left shoulder. Physical examination reveals tenderness to palpation along the lumbar and cervical paraspinal muscles along with painful facet loading. There is pain along facets, rotator cuff, and biceps tendon. The patient has weakness with abduction and a positive impingement sign on the left shoulder. In progress report dated 10/09/14, the patient rates her pain as 5-10/10 on a daily basis. The worst pain is in the left shoulder and is accompanied by spasms. There is numbness and tingling in all the left fingers and fingertips. Lumbar flexion is at 40 degrees and extension is at 20 degrees. Neck flexion is 30 degrees and extension is 25 degrees. Physical therapy gave her temporary relief, as per progress report dated 11/11/14. The patient also received an injection which gave relief for a month. She uses heat/cold and TENS unit, as per progress report dated 10/09/14. The patient is working full duties, as per progress report dated 11/11/14. MRI of the Left Shoulder, 06/10/13: Chronic anterior instability with bankart lesion, Chronic appearing tear of the anteroinferior labrum, Abnormal morphology of the underlying glenoid, Probable small chronic Hillsachs lesion, Mild to moderate rotator cuff tendinosis, Small interstitial tear along the distal supraspinatus tendon, Type II curved acromial morphology which is mildly low lying and mildly narrowing the lateral supraspinatus outlet. Diagnoses, 11/11/14: Impingement syndrome of the left shoulder with tendinosis, Cervical strain, Thoracic sprain, Lumbar sprain, Elements of stress and occasionally sleep issues. The treater is requesting for (a) FLEXERIL 75 mg QTY 60 (b) NALFON 400 mg QTY 60 (c) LIDOPRO LOTION 4

OUNCES (d) TEROGIN PATCHES QTY 20 (e) REFERRAL TO PAIN MANAGEMENT. The Utilization Review being challenged is dated 12/06/14. Treatment reports were provided from 03/21/13 - 12/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." A prescription for Flexeril is first noted in progress report dated 07/26/13. The patient has been taking the medication consistently since then. In progress report dated 07/26/13, the treater states that the medication is being prescribed for muscle spasms. In progress report dated 04/04/14, the treater states that Flexeril has been denied but the patient has frequent spasms in the neck, left shoulder, and bilateral legs.. The treater does not document a reduction in pain and an improvement in function due to the use of the medication. MTUS only recommends short-term use of muscle relaxants such as Flexeril with a record of improvement in pain and function. Hence, this request IS NOT medically necessary.

Nalfon 400 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61; 22.

Decision rationale: The patient presents with pain in neck, mid back, low back and left shoulder. The request is for NALFON 400 mg QTY 60. In progress report dated 10/09/14, the patient rates her pain as 5-10/10 on a daily basis. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Nalfon is only seen in the Request for Authorization form dated 11/11/14 and progress report with the same date. However, the patient has been receiving another NSAID, Naproxen, since at least 06/19/13, to treat muscle inflammation. The treater,

however, does not discuss any functional benefit or pain reduction from the medication. Nonetheless, given the patient's chronic pain for which NSAIDs are generally indicated, the patient can use Nalfon at the treater's discretion. The request IS medically necessary.

Lidopro Lotion 4 ounces: 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 patient presents with pain in neck, mid back, low back and left shoulder. The request is for LIDOPRO LOTION 4 OUNCES. In progress report dated 10/09/14, the patient rates her pain as 5-10/10 on a daily basis. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, a prescription for Lidopro lotion is first noted in progress report dated 08/27/13. The patient has been using the topical formulation consistently since then. However, the reports do not document the specific benefits of Lidopro cream on pain and function. Additionally, MTUS guidelines do not support any other formulation Lidocaine other than topical patches. This request IS NOT medically necessary.

Terocin Patches Qty 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patches; Topical Analgesics Page(s): 56, 57; 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)'

Decision rationale: The patient presents with pain in neck, mid back, low back and left shoulder. The request is for TEROGIN PATCHES QTY 20. In progress report dated 10/09/14, the patient rates her pain as 5-10/10 on a daily basis. MTUS guidelines page 57 states, "topical lidocaine 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires

documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the prescription for Terocin patch was first noted in progress report dated 08/27/13. The patient has been using the medication consistently since then. The patch helps provide "topical relief," as per progress report dated 11/11/14. The treater, however, does not document the area of treatment and impact on pain and function, as required by MTUS, for long-term use. Additionally, there is no indication of neuropathy. Hence, the request IS NOT medically necessary.

Referral to Pain Management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Dept of Labor and Employment, page 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127

Decision rationale: The patient presents with pain in neck, mid back, low back and left shoulder. The request is for REFERRAL TO PAIN MANAGEMENT. In progress report dated 10/09/14, the patient rates her pain as 5-10/10 on a daily basis. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient has been suffering from chronic neck, back and left shoulder pain in spite of conservative therapy. A review of the available reports does not indicate prior consultation with a pain management specialist. In progress report dated 11/11/14, the treater requests for a pain management referral to discuss "treatment options." Given the patient's chronic condition, expert advice from a specialist may benefit her at this stage and help manage symptoms more effectively. This request IS medically necessary.