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| Case Number: | CM14-0216002 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 08/13/2003 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/23/2014 |

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, 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 female who sustained injury on 8/13/03 and sustained injury to her neck and right and left upper extremities. Medicatins include Flexaril, Nalfon, Protonix, LidoPro cream, Effexor and trazadone. Diagnoses include status post labral repair (2010), right shoulder decompression (2011), the first extensor release on the right (12/13), right epicondyle release and ulnar nerve transposition; impingement syndrome right shoulder with bicipital tendonitis; discogenic cervical condition; carpometacarpal joint inflammation; left upper extremity numbness and depression. Treatment to date include multiple thumb injections. The note dated 10/29/14 indicates refill on above medications including LidoPro cream and trazadone indicating modest use of all medications. On 12/3/14 Utilization review non-certified the requests for LidoPro cream and Trazadone 50 mg # 60 citing MTUS: Chronic Pain Medical Treatment Guidelines: Topical Analgesics and MTUS Chronic Pain Medical Treatment Guidelines respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lido Pro cream 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. Lidopro contains capsaicin, lidocaine, menthol and methyl salicylate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are impingement syndrome right shoulder with bicipital tendinitis s/p decompression and labral repair; cubital tunnel on the right status post release; stenosing, tenosynovitis along the first extensor on the right status post release; CMC joint inflammation of the thumb status post multiple injections; element of depression; and chronic pain syndrome. The guidelines provide "Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain". Lidocaine in cream form is not recommended. Any compounded product that contains at least one drug (lidocaine cream) that is not recommended is not recommended. Consequently, Lido Pro is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidopro cream is not medically necessary.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16 107. Decision based on Non-MTUS Citation Mental illness and stress section, Trazodone

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Trazodone 50 mg #60 is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. For details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are impingement syndrome right shoulder with bicipital tendinitis s/p decompression and labral repair; cubital tunnel on the right status post release; stenosing, tenosynovitis along the first extensor on the right status post release; CMC joint inflammation of the thumb status post multiple injections; element of depression; and chronic pain syndrome. Documentation lists trazodone is a medication on an October 29, 2014 progress note. It is unclear whether this is a refill for the starting prescription. The documentation does not address a specific clinical indication for the trazodone. Trazodone is

an option for insomnia but only for patients with potentially coexisting mild psychiatric symptoms such as depression and anxiety. There is no clear-cut clinical indication for ongoing trazodone use. Consequently, absent clinical documentation with a clear-cut indication for trazodone, trazodone 50 mg #60 is not medically necessary.