

Case Number:	CM14-0216250		
Date Assigned:	01/06/2015	Date of Injury:	01/19/2013
Decision Date:	03/04/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/24/2014

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: Hawaii, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

According to the records made available for review, this is a 44-year-old female with a date of injury on 01/19/2013. Documentation from 02/03/2014 indicated that the injured worker was transferring a person from one bed to another bed with assistance of three other coworkers. During this transfer the three coworkers let go of the person being transferred, allowing all of the person's weight on the injured worker causing immediate pain to the left shoulder, mid back, and left side of ribs. Documentation from orthopedic examination on 11/03/2014 indicated the impression of left shoulder impingement without rotator cuff tear, status post arthroscopy and subacromial decompression, radiation of pain up to the cervical spine causing cervical spine sprain/strain spasm, exacerbation of previous nonindustrial injury of the lumbar spine from industrial injury, and severe psychiatric findings. Subjective findings from 09/22/2014 indicated complaints of shoulder pain and documentation from 11/03/2014 noted the injured worker to be "reasonably well" with no new complaints noted. Physical examination from 11/03/2014 was remarkable for forward flexion of 160 degrees, abduction of 160 degrees, and external rotation of 50 degrees noting improvement in range of motion to the left shoulder. The treating physician also noted weakness of the rotator cuff with forward flexion, abduction, and external rotation. Strength was noted a three out of five with external rotation, supraspinatus and infraspinatus testing. Evaluation from 02/03/2014 noted x-ray of the left shoulder remarkable for grade three acromioclavicular separations performed on 02/14/2013 and magnetic resonance imaging of the thoracic spine revealing for a slight decrease of a small disc protrusion at thoracic eight to nine that was performed on 02/23/2013. On 03/13/2013, magnetic resonance imaging of the left

shoulder was performed and was unrevealing for acute processes. Prior treatments offered to the injured worker included physical therapy sessions, home exercise program, use of ice, multiple cortisone injections to left shoulder, arthroscopy and subacromial decompression, urine drug testing that was noted to be negative, medication history of Ibuprofen, Vicodin, Escitalopram, Zolpidem, Dexilant, Latuda, Sucralfate, Lorazepam, Venlafaxine, Carisoprodol, and prescription for anti-inflammatory lotion, pain cream, and Tramadol. While documentation indicated that physical therapy treatments was provided, there was no documentation of quantity, treatment plan, or results of prior physical therapy visits. The medical records provided did not indicate the effectiveness of the injured worker's medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. Medical records from 11/03/2014 noted a work status of temporarily totally disabled. On 12/05/2014, Utilization Review non-certified the prescriptions for a urine toxicology, Terocin lotion with a quantity of 120, Methyl Salicylate 25gm in a 100ml, Capsaicin 0.025gm in 100ml, Menthol 10gm in 100ml, and Lidocaine Hydrochloride 25 gm in 100ml. Utilization Review noncertified a urine toxicology based on Chronic Pain Treatment Guidelines and Official Disability Guidelines Treatment in Worker's Compensation with the Utilization Review noting that the injured worker tested negative for all drugs tested and there was no documentation of aberrant behavior, thereby noncertifying a urine toxicology. Utilization Review noncertified Terocin lotion based on Chronic Pain Medical Treatment Guidelines with the Utilization Review noting that there was no documentation noting a failed trial of first-line recommendations and no documentation indicating the injured worker to be unresponsive to all other treatments. Utilization Review noncertified Methyl Salicylate, Capsaicin, Menthol, and Lidocaine Hydrochloride based on Chronic Pain Medical Treatment Guidelines with the Utilization Review noting that there was no documentation noting a failed trial of first-line recommendations. The cited guidelines do not support use of Lidocaine for topical application due to little evidence of safety and efficacy. The Utilization Review also notes that the cited guidelines notes that any compounded product that contains at least one drug that is not recommended is not recommended, thereby noncertifying the above listed topical treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Pain (Chronic), Urine drug testing (UDT)

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, 'Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion).' would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:-

'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.-'high risk' of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. As such, the request for Urine toxicology is not medically necessary.

Terocin Lotion #120: 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 based on Non-MTUS Citation Pain, Compound creams

Decision rationale: Terocin lotion is topical pain lotion that contains lidocaine and menthol. ODG states regarding lidocaine topical patch, 'This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia.' Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician did not document a trial of first line agents and the objective outcomes of these treatments. MTUS states regarding topical analgesic creams, 'There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.' In this case, topical lidocaine is not indicated. As such, the request for Terocin Lotion #120 is not medically necessary.

Methyl salicylate 25g in 100ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details 'primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.' The medical documents do not indicate failure of antidepressants or anticonvulsants. As such, the request for Methyl salicylate 25g in 100ml is not medically necessary.

Capsaicin 0.025g in 100ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28, 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details 'primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.' The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS recommends topical capsaicin 'only as an option in patients who have not responded or are intolerant to other treatments.' There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states 'Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns.'As such, the request for Capsaicin 0.025g in 100ml is not medically necessary.

Menthol 10g in 100ml: 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 based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details 'primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.' The medical documents do not indicate failure of antidepressants or anticonvulsants. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state 'Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns.'As such, the request for Menthol 10g in 100ml is not medically necessary.

Lidocaine hydrochloride 2.5g in 100ml: 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 based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details 'primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.' The medical documents do not indicate failure of antidepressants or anticonvulsants. ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that 'no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain.' MTUS states regarding lidocaine, '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).' MTUS indicates lidocaine 'Non-neuropathic pain: Not recommended.' The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. As such, the request for Lidocaine hydrochloride 2.5g in 100ml is not medically necessary.