

Case Number:	CM14-0217648		
Date Assigned:	01/07/2015	Date of Injury:	05/04/1999
Decision Date:	03/09/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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 & Rehabilitation

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 IW sustained a work related injury with a date of injury 05/04/1999. The IW's injury related complaints were of pain, spasm and decreased range of motion in the neck, low back, and bilateral shoulder. Over the life of the claim, the IW has received chiropractic care and conservative treatment including oral and topical medication, the use of ice, and transcutaneous electrical stimulation (TENS). Notes from an office visit 12/03/2014 state the IW was seen for complaints of neck, low back and bilateral shoulder pain. On examination there was full range of motion and pain along the rotator cuff and biceps tendon on the left. Weakness with resistance was noted to be significant on the left at 4+ and 5- on the right with abduction and flexion. Tenderness was present along the cervical and lumbar paraspinal muscles bilaterally. Diagnoses include: 1. Discogenic cervical condition with facet inflammation, shoulder girdle involvement, intermittent headaches, and bilateral radiculopathy. 2. Discogenic lumbar condition with facet inflammation with radiculopathy that has resolved. 3. Bilateral shoulder impingement with acromioclavicular joint inflammation and rotator cuff strain. 4. Residual carpal tunnel syndrome on the left status post carpal tunnel procedure done in 2000-2001.5. Ulnar neuritis on the left, medial brachial plexus inflammation and possible Roos test bilaterally.6. Chronic pain syndrome. The plan of care on the visit of 12/03/2014 was for medications including Vicodan, Flexeril, Celebrex, glucosamine, and Prevacid to treat pain, muscle spasms, anti-inflammation, joint pain, and gastritis. LidoPro lotion 4 ounces was also ordered with Terocin patches for topical relief. A request for authorization was submitted for Glucosamine 500mg quantity# 90, Lido pro lotion 4 ounces, and Terocin patches quantity # 20. Clinical documentation including a

letter from the provider and an updated Opiate Contract Pain management agreement was reviewed. Phone contact to the provider was attempted on 12 /14/2014 and 12/15/2014 and call back information with the reason for the call was left on 12/15/2014 in a message requesting additional rationale for continued use of the requested medications. The due date and time was provided. On 12/16/2014 the physician reviewer issued a letter denying the requests for Glucosamine 500mg quantity# 90 citing California Medical Treatment Utilization Schedule (CA-MTUS) page 50, Lido pro lotion 4 ounces citing CA MTUS Topical Analgesics, and Terocin patches quantity 20 citing CA MTUS Topical Analgesics. On 12/24/2014 an Application for Independent Medical Review (IMR) was submitted for the denied Glucosamine, Lido Pro lotion and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine 500mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines glucosamine Page(s): 50.

Decision rationale: The patient presents with pain in his neck, low back, bilateral shoulder, left elbow, and left wrist. The request is for Glucosamine 500 MG QTY: 90. It is not known whether the glucosamine is in the glucosamine sulfate form or in glucosamine hydrochloride form. He is unable to raise his left arm above the shoulder level, has frequent spasms in the neck and the low back, persistent numbness and tingling in the left arm, tenderness along the rotator cuff and biceps tendon, pain along the trapezius and shoulder girdle, trigger points above the shoulder blade on his left side, a limited range of motion, a positive impingement sign, a positive Hawkin's, tenderness across the cervical/lumbar paraspinal muscles, and weakness against resistance at 4+ on the left and 5- on the right with abduction and flexion. It appears that this is the initial request for this medication. MTUS Guidelines page 50 regarding glucosamine states that Glucosamine is "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." In this case, knee arthritis is not documented in any of the progress reports for which this medication may be indicated. Furthermore, MTUS Guidelines page 50 recommends glucosamine sulfate and chondroitin sulfate, but this request simply states Glucosamine. The request is not medically necessary.

LidoPro lotion 4 ounces: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain in his neck, low back, bilateral shoulder, left elbow, and left wrist. The request is for Lidopro Lotion 4 OZ. It appears that this is the initial request for this medication. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "any compounded product that contains at least 1 (or a drug class) that is not recommended is not recommended." MTUS Guidelines do not allow any other formulation of lidocaine other than in patch form. MTUS Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Since lidocaine is not indicated for this patient, (in a non-patch form), the entire compound is not recommended. Therefore, the requested LidoPro lotion is not medically necessary.

Terocin patches quantity 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocainetopical analgesic Page(s): 56-57,111-113. Decision based on Non-MTUS Citation Pain chapter, lidoderm patches

Decision rationale: The patient presents with pain in his neck, low back, bilateral shoulder, left elbow, and left wrist. The request is for Terocin Patches QTY: 20. It appears that this is the initial request for this medication. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. 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 treatment (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "Lidocaine indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG Guidelines, 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 and outcome documented for function and pain. He is unable to raise his left arm above the shoulder level, has frequent spasms in the neck and the low back, persistent numbness and tingling in the left arm, tenderness along the rotator cuff and biceps tendon, pain along the trapezius and shoulder girdle, trigger points above the shoulder blade on his left side, a limited range of motion, a positive impingement sign, a positive Hawkin's, tenderness across the cervical/lumbar paraspinal muscles, and weakness against resistance at 4+ on the left and 5- on the right with abduction and flexion. It appears that this is the initial request for this medication. There is no indication of where these patches will be applied to or if they will be used for neuropathic pain. Furthermore, the patient does not present with peripheral localized neuropathic pain. The requested Terocin patch is not medically necessary.