

Case Number:	CM14-0218233		
Date Assigned:	01/07/2015	Date of Injury:	06/24/2013
Decision Date:	03/05/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 56 year old male who sustained a work related injury when a refrigerator fell on top of his left shoulder on June 24, 2013. The injured worker underwent left shoulder arthroscopic decompression, extensive debridement with acromioclavicular arthroplasty and debridement of the superior labrum on November 18, 2013. The primary treating physician's progress report is dated January 9, 2015, after the Utilization Review determination date. According to this data the injured worker was diagnosed with impingement syndrome, bicipital tendonitis along the left shoulder, biceps tendon partial tear from elbow noted on magnetic resonance imaging (MRI) and brachial plexus irritation of the neck. The Utilization Review determination letter references a report dated October 27, 2014 that documents the patient stating good range of motion of the left shoulder with increased pain across the top of the shoulder that shoots down the arm, worse on the left elbow with numbness and tingling in the hand and arm. Pain and a pulling sensation were documented when the elbow was fully extended. On examination mild tenderness over the medial epicondyle with some swelling was noted. Range of motion was documented as abduction 170 degrees on the right and 165 degrees on the left, external rotation 90 degrees on the right and 75 degrees on the left, internal rotation 60 degrees on the right and 50 degrees on the left. Current medications include Tramadol, Naproxen, Terocin patches, LidoPro lotion, Protonix, and Flexeril. Treatment modalities consisted of chiropractic therapy, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit and medications. There was no disability work status documented. The injured worker will continue working with modified restrictions. The physician requested authorization for Flexeril

7.5mg #60; LidoPro lotion 4 ounces #1. On December 1, 2014 the Utilization Review denied certification for Flexeril 7.5mg #60; LidoPro lotion 4 ounces #1. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro lotion 4 ounces #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The request is considered not medically necessary. Lidopro consists of capsaicin/lidocaine/menthol/methyl salicylate. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Topical capsaicin has been useful with osteoarthritis, fibromyalgia, and chronic non-specific back pain. It is useful in patients whose pain is not controlled by conventional therapy. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. There are no guidelines for the use of menthol with the patient's complaints. Methyl salicylate may be useful for chronic pain. Any compounded product that contains at least one drug that is not recommended is not recommended. Topicals are often used when oral medications are not tolerated which is not clearly indicated in the chart. Therefore, the request is considered not medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The patient is currently on Norco as well which may contribute to dizziness and drowsiness as well. The use of cyclobenzaprine with other agents is not recommended. There is no objective improvement in pain and functional capacity. The patient does not have documented muscle spasms in the chart requiring the use of a muscle relaxant. And it is not indicated for chronic use. Therefore, the request is considered not medically necessary.

