

Case Number:	CM15-0115788		
Date Assigned:	06/24/2015	Date of Injury:	01/22/2014
Decision Date:	07/30/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/16/2015

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 York
 Certification(s)/Specialty: Pediatrics, 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 60 year old, female who sustained a work related injury on 1/22/14. The diagnoses have included rule out rotator cuff tears in both shoulders, bilateral wrists strain/sprain, rule out carpal tunnel syndrome both hands/wrists, bilateral hands strain/sprain, bilateral forearms/elbows strain/sprain, tendinitis in both elbows and both shoulders, cervical spine strain/sprain, thoracic spine strain/sprain and both shoulders and upper arms strain/sprain. Treatments have included 2 failed corticosteroid injections left shoulder, physical therapy, a home exercise program, oral medications, Lidopro ointment, left shoulder surgery and cervical spine surgery. She has been on Cyclobenzaprine since 7/3/14. She has been using the LidoPro ointment since 2/12/15. In the PR-2 dated 6/3/15, the injured worker complains of tightness and pain in upper back, neck, shoulders, upper arms, elbows, wrists and hands that is not any better. Upon examination, she has pain, tenderness and swelling. She has decreased range of motion in cervical spine. She has decreased range of motion in left shoulder. She has pain and spasms in cervical spine and left shoulder. There is no documentation of improving pain levels or that the medications and use of the LidoPro are improving her functional capabilities. The treatment plan includes prescriptions for Cyclobenzaprine and LidoPro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg, 1 tab twice daily, quantity 60 DOS 6-3-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: Per CA MTUS guidelines, "Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical." Cyclobenzaprine is recommended as an option for a short course of therapy. "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief." "The addition of Cyclobenzaprine to other agents is not recommended." The medication is being used without mention of how it is improving her pain level or functional capacity. There is no documentation in progress notes of pain levels or an increase of functional abilities to perform activities of daily living with the use of this medication. Therefore, the request for Cyclobenzaprine is not medically necessary.

Retrospective LidoPro Ointment quantity 121gm DOS 6-3-15: 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): 111-112.

Decision rationale: MTUS guidelines state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) is used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics." There is no documentation to support that she has neuropathic pain. The documentation does not support that the LidoPro ointment is improving pain levels or increasing her functional capabilities or that the IW had failed a first line therapy for her pain. Even though capsaicin and methyl salicylate are approved for topical use this cannot be approved due to other components not being medically necessary. This request is not medically necessary.