

<b>Case Number:</b>	CM15-0127559		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	01/26/2015
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: 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 injured worker is a 28 year old female who sustained an industrial injury on 1/26/15. Treatment to date includes: physical therapy and chiropractic therapy. Visit note dated 5/11/15 reports complaints of neck and right and left shoulder pain. The pain is nearly constant, moderate to severe described as aching, shooting, spasmodic, throbbing and radiates to the right arm. The pain is rated 9/10. She has joint stiffness and weakness. The pain is made worse by extension, lifting, lying on the affected side, pulling and pushing. Relieving factors include application of cold and rest. She has not tried pain medication yet. Diagnoses include: pain in joint of shoulder, cervicgia, brachial neuritis or radiculitis, myalgia and myositis, chronic pain syndrome, sleep disturbance and skin sensation disturbance. Plan of care includes: Prescriptions given; cyclobenzaprine 7.5 mg #60, lidopro 4% ointment 4-27.5-.0325, naproxen 550 mg #60, pantoprazole sod dr 20 mg #60 and terocin patch 4-4%, chiropractic treatment 6 sessions for cervical spine, acupuncture 6 sessions for cervical spine, psychological therapy, EMG of bilateral upper extremities. Work status: modified duty until next visit. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with neck, left shoulder and right shoulder pain rated 9/10. The pain radiates to the right arm. The request is for CYCLOBENZAPRINE 7.5MG, #60. The request for authorization is not provided. Previous methods for treating her pain include physical therapy, which was ineffective, and chiropractic therapy, which has been effective. Physical examination of the cervical spine reveals mild lordosis, range of motion is restricted. On examination of paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on the right side. Spinous process tenderness is noted on C5, C6 and C7. Tenderness is noted at the paracervical muscles and trapezius. Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity. Exam of the right shoulder reveals on palpation, tenderness is noted in the acromioclavicular joint and glenohumeral joint. Movements are restricted. Shoulder crossover test is positive. Per progress report dated 05/11/15, the patient is on modified duty. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater does not specifically discuss this medication. Patient has been prescribed Cyclobenzaprine since at least 02/10/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Cyclobenzaprine #600 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

**Lidopro 4% Ointment 4-27.5 - 0.0325,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents with neck, left shoulder and right shoulder pain rated 9/10. The pain radiates to the right arm. The request is for LIDOPRO 4% OINTMENT 4-27.5 - 0.0325. The request for authorization is not provided. Previous methods for treating her pain include physical therapy, which was ineffective, and chiropractic therapy, which has been effective. Physical examination of the cervical spine reveals mild lordosis, range of motion is restricted. On examination of paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on the right side. Spinous process tenderness is noted on C5, C6 and C7. Tenderness is noted at the paracervical muscles and trapezius. Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity. Exam of the right shoulder reveals on

palpation, tenderness is noted in the acromioclavicular joint and glenohumeral joint. Movements are restricted. Shoulder crossover test is positive. Per progress report dated 05/11/15, the patient is on modified duty. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.

**Pantoprazole Dr 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton-Pump Inhibitor (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with neck, left shoulder and right shoulder pain rated 9/10. The pain radiates to the right arm. The request is for PANTOPRAZOLE DR 20MG, #60. The request for authorization is not provided. Previous methods for treating her pain include physical therapy, which was ineffective, and chiropractic therapy, which has been effective. Physical examination of the cervical spine reveals mild lordosis, range of motion is restricted. On examination of paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on the right side. Spinous process tenderness is noted on C5, C6 and C7. Tenderness is noted at the paracervical muscles and trapezius. Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity. Exam of the right shoulder reveals on palpation, tenderness is noted in the acromioclavicular joint and glenohumeral joint. Movements are restricted. Shoulder crossover test is positive. Per progress report dated 05/11/15, the patient is on modified duty. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk, : Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Treater does not specifically discuss this medication. In this case, patient's medications include Ibuprofen and Naproxen. However, treater does not provide GI risk assessment for prophylactic use of PPI, as required by MTUS. And provided progress reports do not discuss what specific GI symptoms the patient has. Therefore, the request IS NOT medically necessary.

**Terocin Patch 4-4%, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 56, 57.

**Decision rationale:** The patient presents with neck, left shoulder and right shoulder pain rated 9/10. The pain radiates to the right arm. The request is for TEROGIN PATCH 4-4%, #30. The request for authorization is not provided. Previous methods for treating her pain include physical therapy, which was ineffective, and chiropractic therapy, which has been effective. Physical examination of the cervical spine reveals mild lordosis, range of motion is restricted. On examination of paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on the right side. Spinous process tenderness is noted on C5, C6 and C7. Tenderness is noted at the paracervical muscles and trapezius. Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity. Exam of the right shoulder reveals on palpation, tenderness is noted in the acromioclavicular joint and glenohumeral joint. Movements are restricted. Shoulder crossover test is positive. Per progress report dated 05/11/15, the patient is on modified duty. 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 therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS 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 with outcome documenting pain and function. Treater does not specifically discuss this medication. In this case, ODG supports the trial of a short-term of this medication. However, treater does not discuss area for treatment and how it is used. Furthermore, the treater has not provided any documentation showing evidence of a trial of first-line therapy as required by MTUS. Therefore, the request IS NOT medically necessary.