

Case Number:	CM15-0176113		
Date Assigned:	09/17/2015	Date of Injury:	04/18/2015
Decision Date:	10/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male who sustained an industrial injury on 4-18-15. Diagnoses are noted as shoulder impingement syndrome, displacement of cervical intervertebral disc without myelopathy, and diabetes mellitus. Previous treatment includes home exercise, medication, transcutaneous electrical nerve stimulation, a "few sessions" of physical therapy and chiropractic manipulation therapy, and ice. In a progress note dated 6-29-15, the physician notes complaints of intermittent sharp and dull aching pain over the left shoulder and cervical spine. Pain originates in the left shoulder and radiates to the left side of the neck. Also noted are complaints of spasm at the base of the neck and numbness and tingling sensation in the left arm. A burning sensation of the neck and shoulder is noted and pain intensity is rated as 2-3 out of 10. Pain increases with activity, with pulling, pushing and heavy lifting and decreases with rest and pain medications. In a progress report dated 8-26-15, the physician notes complaints of neck pain and pain the left shoulder. His pain level is rated at 2 out of 10. Medications and TENS (transcutaneous electrical nerve stimulation) helps with the pain. Cervical spine range of motion is decreased. Naproxen was discontinued and he was given a prescription for Tylenol #3. Work status is noted as modified duties 8-26-15 to 9-26-15. The requested treatment of Tylenol #3 30-300mg #60 was modified to Tylenol #3 30-300 #30 on 9-2-15 and Lidopro Cream 121 grams was non-certified on 9-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 30/300 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in April 2015 when, while reaching across of bread rack, he felt a painful pop in his left shoulder. He has a history of a left rotator cuff repair in 2006. He continues to be treated for neck and left shoulder pain. When seen, pain was rated at 3-4/10. Medications and TENS were helping with pain. Physical examination findings included decreased cervical spine and left shoulder range of motion. Naprosyn was discontinued and Tylenol #3 and Lidopro were prescribed. Lidopro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Lidopro was not medically necessary.

Lidopro cream 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in April 2015 when, while reaching across of bread rack, he felt a painful pop in his left shoulder. He has a history of a left rotator cuff repair in 2006. He continues to be treated for neck and left shoulder pain. When seen, pain was rated at 3-4/10. Medications and TENS were helping with pain. Physical examination findings included decreased cervical spine and left shoulder range of motion. Naprosyn was discontinued and Tylenol #3 and Lidopro were prescribed. Tylenol #3 is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate pain and after a trial of non-opioid medication. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was not medically necessary.