

<b>Case Number:</b>	CM15-0023272		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	08/04/2009
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Arizona

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 59 year old female who sustained an industrial injury to her left shoulder on August 4, 2009. The patient has a history of hypertension and Diabetes Mellitus. The injured worker underwent arthroscopy with subacromial decompression/bursectomy, Mumford procedure and debridement in Oct 2010 and manipulation with arthroscopic lysis of adhesions in October 2012. The injured worker was diagnosed with impingement syndrome of the left shoulder and adhesive capsulitis post arthroscopy and discogenic cervical condition with radicular component to the upper extremity. According to the primary treating physician's progress report on December 16, 2014, the injured worker continues to experience left neck and shoulder pain. Examination at this visit demonstrated cervical flexion at 60 degrees, extension at 50 degrees, and bilateral tilting at 40 degrees. Shoulder abduction was 120 degrees with mild shrugging. Current medications consist of Motrin and Voltaren gel. Current treatment modalities consist of ice, heat, physical therapy home exercise program. The injured worker is not working. The treating physician requested authorization for Nalfon 400mg QTY: 60.00; Protonix 20mg QTY: 60.00; Terocin patches QTY: 20.00; LidoPro lotion (4oz) QTY: 1.00; Flexeril 7.5mg QTY: 60.00. On January 5, 2015 the Utilization Review denied certification for Nalfon 400mg QTY: 60.00; Protonix 20mg QTY: 60.00; Terocin patches QTY: 20.00; LidoPro lotion (4oz) QTY: 1.00; Flexeril 7.5mg QTY: 60.00. 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:

**Nalfon 400mg QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 23, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** The California MTUS guidelines indicate that NSAIDs are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nalfon 400 mg #60 is not medically necessary.

**Protonix 20mg QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

**Decision rationale:** The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for an upset stomach. However, the efficacy of the medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Protonix 20 mg quantity 60 is not medically necessary.

**Terocin patches QTY: 20.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation [dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb](http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb).

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov), Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review failed to provide documentation of objective functional benefit. There was a lack of documentation indicating the injured worker had trialed and failed antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency, quantity and strength for the Terocin patches. Given the above, the request for Terocin patch quantity 20 is not medically necessary.

**LidoPro lotion (4oz) QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105,111,28,112. Decision based on Non-MTUS Citation [www.drugs.com/search.php?searchterm=LidoPro](http://www.drugs.com/search.php?searchterm=LidoPro).

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per [drugs.com](http://drugs.com), LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation indicating a necessity for 2 medications with the ingredient of lidocaine. Additionally, the request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for Lidopro lotion 4 oz quantity 1.00 is not medically necessary.

**Flexeril 7.5mg QTY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. There was a lack of documentation of objective functional benefit. The request as submitted failed to include the frequency. Given the above, the request for Flexeril 7.5mg QTY: 60.00 is not medically necessary.