

Case Number:	CM15-0070921		
Date Assigned:	05/22/2015	Date of Injury:	05/03/1999
Decision Date:	06/17/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/14/2015

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: Arizona, California

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 injured worker (IW) is a 60-year-old male who sustained an industrial injury on 05/03/1999. Diagnoses include impingement syndrome, left shoulder; discogenic cervical condition with radicular components; chronic headaches; and depression and sleep disorder due to chronic pain. Treatment to date has included medications, collar with gel, neck pillow, H-wave unit, neck traction with air bladder and hot/cold wraps. MRI of the neck showed multilevel disc disease and MRI of the left shoulder showed tendinitis. According to the progress notes dated 2/20/15, the IW reported could function independently with household chores and he avoided forceful tasks. There was no physical examination on that day. A request was made for Nalfon 4500mg, #60, Flexeril 7.5mg, #60 and Lidopro cream, one bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

NALFON 4500MG #60: 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): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary. In this case, the claimant had been on Nalfon along with Norco and topical analgesics for an unknown length of time. Pain scores were not documented. The claimant required the use of a PPI (Protonix) while on Nalfon. Continued and chronic use of Nalfon is not medically necessary.

FLEXERIL 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MUSCLE RELAXERS.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with topical analgesics, NSAIDs and opioids for an unknown length of time. Pain scores were not noted. An additional month of Flexeril exceeds the guideline recommendations and is not medically necessary.

LIDOPRO CREAM ONE BOTTLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical
analgesics Page(s): 111-112.

Decision rationale: Lidopro contains topical NSAIDs, Capsaicin and Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). The FDA for neuropathic pain has designated Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant

did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The claimant had been on topical analgesics including LidoPro for over a year. Topical NSAIDS have similar absorption as oral NSAIDS (as the claimant had been on Nalfon). The request for continued and long-term use of LidoPro patches as above is not medically necessary.