

Case Number:	CM15-0092383		
Date Assigned:	05/18/2015	Date of Injury:	05/16/2008
Decision Date:	06/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 51 year old female with a May 16, 2008 date of injury. A progress note dated March 23, 2015 documents subjective findings (constant shoulder pain; pain radiates to the neck, upper arm and elbow), objective findings (trapezial tightness noted), and current diagnoses (adhesive capsulitis of the left shoulder; impingement syndrome of the left shoulder; bicipital tenosynovitis). Treatments to date have included injection (helpful), medications, magnetic resonance imaging of the left shoulder (August 5, 2008; showed partial thickness articular surface supraspinatus insertion rotator cuff tear), x-ray of the left shoulder (showed changes compatible with acromioplasty and AC joint resection), and shoulder surgery. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Naproxen, Omeprazole, Flexeril, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Flexeril 7.5mg 1 Tablet Po Bid Prn #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 Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend for the medication to be used form more than 2-3 weeks. The patient in this case does not have clear evidence of functional improvement with the previous use of Cyclobenzaprine and the prolonged use of the medication is not justified. Therefore, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.

Terocin Pain Patch #30 With 1 Refill: Upheld

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

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

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. The patient previously used Terocin, which was stopped because of lack of efficacy. Based on the above, Terocin patch is not medically necessary.