

Case Number:	CM13-0010413		
Date Assigned:	09/18/2013	Date of Injury:	07/10/2011
Decision Date:	02/10/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 IMR application lists the injury date as 7/10/11 and shows a dispute with the 7/10/13 UR decision. Unfortunately, there does not appear to be a 7/10/13 UR decision provided in the records available to IMR. I am asked to review for 12 items, although "Medrox" is listed twice as is a "Refill of medications(unknown medications or dosages)". This review involves a 47 year old female clerk for the [REDACTED] with a 2/7/11 cumulative trauma injury involving multiple body areas. Records show cervical, thoracic, lumbar pain, bilateral wrist/hand pain, left elbow pain and headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 and 260-262.

Decision rationale: MTUS/ACOEM topics, chapters 8 and 11 recommend electrodiagnostic studies to differentiate between carpal tunnel syndrome (CTS) and other conditions such as

cervical radiculopathy. ACOEM states these are indicated to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3-4 weeks. The request is in accordance with MTUS/ACOEM guidelines.

Nerve Conduction Study bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 and 260-262.

Decision rationale: MTUS/ACOEM topics, chapters 8 and 11 recommend electrodiagnostic studies to differentiate between carpal tunnel syndrome (CTS) and other conditions such as cervical radiculopathy. ACOEM states these are indicated to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3-4 weeks. The request is in accordance with MTUS/ACOEM guidelines.

Refill of medications (names and dosages not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The IMR request as written cannot be accurately reviewed. It is not known what medications are requested. Without knowing this, it is unknown what guidelines to apply. There is not enough information provided to confirm that the medication is provided in accordance with MTUS guidelines, and since "medical necessity" has been defined as treatment based on MTUS guidelines, this request cannot be considered medically necessary.

Hydrocodone BIT/APAP 10/325mg one (1) BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for Use of Opioids Page(s): 88-89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Use Page(s): 88-89.

Decision rationale: The 5/10/13 report indicates the employee has low back pain radiating down both lower extremities and neck pain radiating down both upper extremities. The intensity was listed as 10/10 without medications and 7/10 with medications. The 5/10/13 report is internally inconsistent, as it also states the employee underwent the facet rhizotomy on 4/26/13 and had 50-80% overall improvement. It is not clear how a patient with 10/10 pain could also be considered to have experienced 50-80% improvement. The report goes on to indicate that the employee failed conservative treatment, including drug therapy, and wants to try

an epidural steroid injection (ESI). The report then continues to prescribe Bustrans patch, lidoderm patch, gabapentin, hydrocodone/APAP, Protonix, and Topiramate. It is not clear if the medications have helped reduce the pain as reported on the same report, which also indicates the employee failed drug therapy. In the absence of any indication that the hydrocodone has helped with the employee's pain, improved function, or improved quality, as required under MTUS guidelines, recommendation is for denial. Furthermore, there is evidence in the reports that the employee has failed drug therapy, which would also indicate denial according to MTUS.

Pantoprazole 20mg one (1) QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The pantoprazole (Protonix) was provided as prophylaxis for possible GI issues from NSAIDs. It is noted that this employee is not taking any NSAIDs and is not reported to have any of the GI Risk factors outlined in the MTUS guidelines. There is no mention of current gastroesophageal reflux disease (GERD) symptoms, dyspepsia or other GI issues. The use of pantoprazole is not in accordance with MTUS guidelines.

Topiramate 50mg one (1) QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antiepileptic Drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Other Antiepileptic Drugs Page(s): 21.

Decision rationale: The records show Topiramate (Topomax) had been prescribed since 1/18/13. There is no discussion of efficacy. There is inconsistent reporting of pain, and no discussion of improved function or quality of life. The MTUS guidelines, page 9, under pain outcomes and endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement." The reporting does not support functional improvement and does not support a satisfactory response. Continuing medications that are not producing a satisfactory response is not in accordance with MTUS guidelines.

Vitamin D 2000 IU BID #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Vitamin D (cholecalciferol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workers Comp (TWC) Guidelines, online, Pain Chapter for Vitamin D.

Decision rationale: The ODG guidelines "recommend consideration in chronic pain patients and supplementation if necessary. Vitamin D deficiency is not considered a workers' compensation condition." The use of Vitamin D does not appear to have ODG support for this employee's workers' compensation condition. The MTUS guidelines, page 9, under pain outcomes and endpoints states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement." The reporting does not support functional improvement and does not support a satisfactory response. Continuing medications that are not producing a satisfactory response is not in accordance with MTUS guidelines.

Butrans 10mcg/hr patch one (1) patch change every seven (7) days #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Buprenorphine Page(s): 26-27.

Decision rationale: The records show Butrans patches have been prescribed since 1/18/13. There is no discussion of efficacy. There is inconsistent reporting of pain, and no discussion of improved function or quality of life. The MTUS guidelines, page 9, under pain outcomes and endpoints states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The reporting does not support functional improvement and does not support a satisfactory response. Continuing medications that are not producing a satisfactory response is not in accordance with MTUS guidelines. The 6/21/13 report shows the physician discontinued Butrans.

Lidoderm 5% patch one (1) patch 12 hrs on 12 hrs off #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics, Lidoderm® (lidocaine patch) Page(s): 56-57 and 111-113.

Decision rationale: The records show Lidoderm patches being prescribed since 1/18/13. There is no discussion of efficacy. There is inconsistent reporting of pain, and no discussion of improved function or quality of life. The MTUS guidelines, page 9, under pain outcomes and endpoints states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The reporting does not support functional improvement and does not

support a satisfactory response. Continuing medications that are not producing a satisfactory response is not in accordance with MTUS guidelines.

Medrox ointment: Overturned

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

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

Decision rationale: Medrox contains methyl salicylate, menthol and capsaicin. The MTUS guidelines indicate a compound medication that contains one component that is not recommended is not recommended. The MTUS guidelines have support for Capsaicin for patients who have not responded to or are intolerant to other treatments. The records show the employee has tried and failed gabapentin and topiramate and has neuropathic and nociceptive pain. The use of Capsaicin appears to be in accordance with MTUS guidelines. Medrox was prescribed on 6/21/13 for the hands and upper extremities. Under Salicylate topicals, the MTUS guidelines, pg 105, recommend these with the example of Ben-Gay. Ben-Gay is methyl salicylate and menthol. It appears that the employee meets the MTUS guideline criteria for each component of the compound medication Medrox. The physician states it helps reduce local and and upper extremity pain and allows the employee to work. The use of Medrox topical appears to be in accordance with MTUS guidelines.

Refill opiate medications (names and dosages not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Long-term Opioid use Page(s): 88-89.

Decision rationale: The IMR request as written cannot be accurately reviewed. It is not known what opiate medications are requested or the dosages. There is not enough information provided to confirm that the medication is provided in accordance with MTUS guidelines, and since "medical necessity" has been defined as treatment based on MTUS guidelines, this request cannot be considered medically necessary.

Medrox: Overturned

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

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

Decision rationale: Medrox contains methyl salicylate, menthol and capsaicin. The MTUS guidelines indicate a compound medication that contains one component that is not recommended is not recommended. The MTUS guidelines have support for Capsaicin for patients who have not responded to or are intolerant to other treatments. The records show the employee has tried and failed gabapentin and topiramate and has neuropathic and nociceptive pain. The use of Capsaicin appears to be in accordance with MTUS guidelines. Medrox was prescribed on 6/21/13 for the hands and upper extremities. Under Salicylate topicals, the MTUS guidelines, pg. 105, recommend these with the example of Ben-Gay. Ben-Gay is methyl salicylate and menthol. It appears that the employee meets the MTUS guideline criteria for each component of the compound medication Medrox. The physician states it helps reduce local and upper extremity pain and allows the employee to work. The use of Medrox topical appears to be in accordance with MTUS guidelines.