

<b>Case Number:</b>	CM13-0016708		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 injured worker is a 40-year-old female who reported an injury on 06/13/2012 after he was rolling a 40 to 50 pound roll of barbed wire. The injured worker reportedly sustained an injury to the bilateral elbows. The injured worker's treatment history included heat and ice, acupuncture, physical therapy, medications, and an elbow brace. The injured worker was evaluated on 12/27/2013. It was noted that the patient had increased pain in the right elbow, especially with lifting objects greater than 15 pounds. The objective findings included bilateral elbow range of motion to 180 degrees and flexion to 160 degrees. It was noted that the injured worker was taking tramadol extended release and Protonix to treat stomach upset related to medication usage. It was noted that the injured worker had previously been using a TENS unit that was managing his symptoms. It was also noted within the documentation that the patient had previously had a good response to acupuncture that he was paying for out of pocket. The injured worker's treatment plan included tramadol extended release 150 mg for pain, Protonix 20 mg to treat stomach upset from taking medications, Flexeril for muscle spasming, Lidopro ointment for pain, Terocin patches for topical use for pain, and a TENS unit, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX SESSIONS OF ACUPUNCTURE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The 6 sessions of acupuncture are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends this as an adjunctive treatment to a physical rehabilitation program. The California Medical Treatment Utilization Schedule also recommends continued acupuncture treatments be based on documentation of functional improvement. The clinical documentation submitted for review does indicate that the injured worker has previously participated in acupuncture. However, there is no documentation of functional improvement resulting from that treatment. Additionally, there is no documentation in the current clinical notes that indicate the injured worker is participating in a home exercise program that would benefit from an adjunctive treatment such as acupuncture. As such, the requested 6 session of acupuncture is not medically necessary or appropriate.

**FLEXERIL 7.5 MG QUANTITY 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64-66.

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

**Decision rationale:** The requested Flexeril 7.5 mg, quantity 60, is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of muscle relaxants for chronic pain. The clinical documentation does indicate that the injured worker has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule recommends short courses of treatment, up to 2 to 3 weeks, for acute exacerbations of chronic pain. The clinical documentation does not support that the injured worker is having an acute exacerbation of chronic pain that would benefit from this medication. Furthermore, the request as it submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Flexeril 7.5 mg, quantity 60, is not medically necessary or appropriate.

**ONE DENDRACIN LOTION 120 ML:** 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 Topical Analgesics Page(s): 111.

**Decision rationale:** The requested 1 Dendracin lotion 120 ml is not medically necessary or appropriate. The requested medication is a compounded medication that contains Capsaicin, Menthol, and Methyl Salicylate. The California Medical Treatment Utilization Schedule recommends methyl salicylate and menthol in the use of osteoarthritic-related pain. However, the California Medical Treatment Utilization Schedule only recommends the use of Capsaicin as a

topical analgesic when the injured worker has failed to respond to all other first line chronic pain management treatments to include antidepressants and anticonvulsants. The clinical documentation does not provide any evidence that the injured worker has failed to respond to these types of treatments. Additionally, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 1 Dendracin lotion 120 ml is not medically necessary or appropriate.

**MEDROX PATCH QUANTITY 20.00: Upheld**

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

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

**Decision rationale:** The requested Medrox patches, quantity 20, are not medically necessary or appropriate. The requested medication menthol, methyl salicylate, and capsaicin. The California Medical Treatment Utilization Schedule recommends the use of methyl salicylate and menthol in the use of osteoarthritic-related pain. However, the California Medical Treatment Utilization Schedule only recommends the use of capsaicin when the injured worker has failed all other chronic pain management treatments. The clinical documentation submitted for review does not support that the patient has failed to respond to first line medications to include antidepressants and anticonvulsants and would require a topical analgesic such as capsaicin. As such, the requested Medrox patches, quantity 20, are not medically necessary or appropriate.

**PRILOSEC 20 MG QUANTITY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The requested Prilosec 20 mg, quantity 60, is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of gastrointestinal protectants be supported by an assessment of the injured worker's risk factors for developing gastrointestinal-related symptoms due to medication usage. The clinical documentation does not provide any evidence of risk factors or an adequate assessment of the injured worker's gastrointestinal system to support that he is at significant risk for developing gastrointestinal symptoms related to medication usage. Additionally, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Prilosec 20 mg, quantity 60, is not medically necessary or appropriate.

**TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) ELECTRODE PADS (PAIR) ONE QUANTITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116.

**Decision rationale:** The requested transcutaneous electrical nerve stimulation (TENS) electrode pads (pair), 1 quantity, is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of a TENS unit be supported by documented functional improvement and symptom response. The clinical documentation does not provide any quantitative measures or specifically address functional improvement related to the use of a TENS unit. Therefore, the need for supplies is not supported. As such, the requested transcutaneous electrical nerve stimulation (TENS) electrode pads (pair), 1 quantity, is not medically necessary or appropriate.

**ONE TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT (DISPENSED 8/6/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

**Decision rationale:** The requested 1 transcutaneous electrical nerve stimulation (TENS) unit (dispensed 08/06/2013) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of a TENS unit be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any quantifiable objective measures of improvement or subjective functional measures of improvement. Therefore, ongoing use of a TENS unit would not be supported. As such, the requested 1 transcutaneous electrical nerve stimulation (TENS) unit (dispensed 08/06/2013) is not medically necessary or appropriate.