

Case Number:	CM13-0020541		
Date Assigned:	10/11/2013	Date of Injury:	05/28/2009
Decision Date:	02/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/05/2013

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 Pain Management has a subspecialty in Disability Evaluation, and is licensed to practice California, District of Columbia, Maryland, and Florida. 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 patient is a 57-year-old injured worker who was injured on 5/28/2009 due to repetitive motions relating to their job working as an assembler. The patient states that over the course of a year and a half they had a number of different workups for pain problems that relate to repetitive stress injury. The patient's primary complaints are their upper extremities and the neck. The patient described the pain as an abrupt onset of hand numbness. In the latter part of May 2009 while the patient was lifting a computer, there was pain, numbness and tingling involving the right shoulder, elbow, with paresthesias in the hands, and similar symptoms on the left. Initial treatment was conservative with an injection into the right carpal tunnel without benefit, as well as medications, splinting and therapy. Electrical studies were obtained and showed bilateral carpal tunnel syndrome. The patient underwent carpal tunnel release in December 2009, on the left, and in March of 2010 on the right. Initially, the patient improved but then symptoms tended to recur. There was very little treatment directed at the shoulders or elbow pain. Medications were prescribed. On 4/3/12 the patient underwent a decompressive procedure, including SLAP repair, Mumford procedure, on the right shoulder, this was of benefit to the patient's pain and range of motion was improved. Postoperatively, there was physical therapy which was also helpful. The patient's right shoulder has since been re-imaged and there is no further surgical pathology. On 8/28/12 the patient underwent a similar procedure to left shoulder. Unfortunately there was no improvement with this, the patient continued to have 24 sessions of physical therapy and a few sessions of acupuncture directed at the left shoulder, still with no improvement. Another MRI of the left shoulder has been recommended along with injections and a manipulation under anesthesia for presumptive adhesive capsulitis. Currently the patient continues to

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Symptoms and Cardiovascular disease Page(s): 68.

Decision rationale: Omeprazole is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who at increased risk of gastro-intestinal bleeding. The California MTUS Guidelines recommend determining first the risk factors for gastrointestinal (GI) events and cardiovascular disease. When a patient is at a low risk for gastrointestinal event and cardiovascular disease, a full-dose naproxen is the preferred choice of NSAID medication. Confirms that GI prophylaxis is indicated in patients with history of peptic ulcer, GI bleed perforation, patients above 65-years of age, patients prescribed aspirin, steroids, anticoagulants and NSAIDs either single or in multiple doses. There is no description of increased risk of gastric events in this patient and long-term use of PPIs is not recommended due to adverse effect such as bone loss and fractures. The request for Omeprazole 20mg is not medically necessary and appropriate.

Menthoderm 12gm: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Mentoderm also known as "Bengay", "ICY Hot", is an over-the-counter topical analgesic. Mentoderm is a combination of methyl salicylate and menthol which has a beneficial effect on acute painful conditions such as sprains and strains. According to the California MTUS Guidelines, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain is not recommended as there is no evidence to support use. Official Disability Guidelines do not recommend topical salicylates for chronic painful conditions such as osteoarthritis. The medical records provided for review do not document site of use or functional benefit from Menthoderm. The request for Menthoderm 12gm is not medically necessary and appropriate.

Acetadryl 500mg, quantity 50: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sleep Aids and Medline Plus.

Decision rationale: Acetadryl: Active ingredients Acetaminophen 500 mg and Diphenhydramine HCl 25 mg is dispensed for pain relief and sleep aid. The Official Disability Guidelines (ODG), recommend against the use of sedating antihistamines due to frequency of adverse effects and rapid loss of efficacy. There is no scientific evidence of efficacy of the combination over and above the individual ingredient. On 01/14/2014 FDA is recommending health care professionals to discontinue prescribing and dispensing prescription combination drug products that contain more than 325 milligrams (mg) of acetaminophen per tablet, capsule or other dosage unit. There are no available data to show that taking more than 325 mg of acetaminophen per dosage unit provides additional benefit that outweighs the added risks for liver injury. Further, limiting the amount of acetaminophen per dosage unit will reduce the risk of severe liver injury from inadvertent acetaminophen overdose, which can lead to liver failure, liver transplant, and death. The request for Acetadryl is not medically necessary and appropriate.

TENS patches, quantity 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 115-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS Units.

Decision rationale: The California MTUS, Section on TENS unit states: Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, and influence of placebo. TENS patches are requested for this patient, but sites of application and treatment goals are not stated. TENS use has resulted in mild symptom relief but no functional improvement. CA MTUS Chronic Pain Guidelines recommend TENS as an adjunct to a program of evidence-based functional restoration. In the absence of a functional restoration program or objective functional improvement with TENS, the continued dispensing of TENS supplies is not justified. The request for TENS patches, quantity 2, is not medically necessary and appropriate.

Paraffin bath on shoulder and elbows, quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section.

Decision rationale: The Official Disability Guidelines (ODG), recommend paraffin baths as an adjunct to exercise for arthritic hands but not for the elbows or shoulders. Paraffin bath is requested for shoulder and elbows. The medical records provided for review does not explain how this would be applied. Medical indications are not stated. The request for paraffin bath on shoulder and elbows quantity 1 is not medically necessary and appropriate.