

<b>Case Number:</b>	CM13-0045650		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

Claimant is a 63-year-old male presenting with right elbow, wrist, and shoulder pain following a work-related injury on February 7, 2012. The claimant complains of right wrist pain on September 26, 2012. The physical exam was significant for right wrist mild swelling, tenderness over the first and second dorsal compartments and TCU tendon, pain with resisted wrist extension, 4-5 extension, decreased range of motion, decreased sensation over the median nerve distribution, positive Tinel sign, positive Phalen's sign, and positive median nerve compression tests. The x-ray of the bilateral wrist revealed degenerative changes within the radiocarpal joint and carpal joints, some widening between the scapholunate joints, right greater than left. MRA of the right wrist was significant for mild osseous marrow edema within the radial aspect of the scaphoid bone suggestive of trabecular bone injury without definite displacement fracture line; mild degenerative changes of the right wrist. EMG and nerve conduction of the right upper extremity was significant for mild right carpal tunnel syndrome. The claimant was diagnosed with radial head fracture, scapholunate disruption, and shoulder impingement. The claimant's medications include Naproxen 500, Omeprazole, and Terocin Cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks to treat right elbow: 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),and FDA Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Therapy Page(s): 99.

**Decision rationale:** Physical Therapy 2 times per week for 6 weeks to treat right elbow is not medically necessary. Page 99 of CA MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records do not document prior physical therapy and the length of time. There is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy. Therefore, the request is not medically necessary.

**Omeprazole:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and FDA Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs Page(s): 67.

**Decision rationale:** Omeprazole is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long-term use of PPI or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long-term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Omeprazole is therefore, not medically necessary.

**Terocin cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),and FDA Guidelines

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

**Decision rationale:** According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended".

Additionally, Per CA MTUS page 111 states that topical analgesics such as lidocaine are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with radial head fracture, scapholunate disruption, and shoulder impingement, which are non-neuropathic pain syndrome. Per CA MTUS, topical analgesic such as Lidocaine is not recommended for non-neuropathic pain.