

Case Number:	CM13-0048243		
Date Assigned:	12/27/2013	Date of Injury:	12/03/2002
Decision Date:	03/19/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and 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 patient is 59-year-old female with date of injury on 12/03/2002. The progress report dated 10/09/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) impingement syndrome bilateral status post repair on the right and impingement syndrome on the left, (2) epicondylitis, medially and laterally bilaterally, (3) wrist joint inflammation bilaterally, (4) CMC joint inflammation of the thumb bilaterally, (5) the patient has a carpal tunnel syndrome bilaterally status post decompression as well as an element of ulnar nerve neuritis, (6) the patient has element of depression and sleep. The patient continues with bilateral shoulder and upper extremity pain with associated numbness and tingling down both arms. She rates her pain between a 6/10 and 8/10 that come down to 4/10 to 5/10 with pain medications. Physical exam findings showed mild decrease in range of motion of the cervical spine and tenderness along the cervical paraspinal muscles bilaterally. There is pain along the rotator cuff and biceps tendon in both shoulders. There was mild discomfort in the medial and lateral epicondyle as well as wrist circumferentially bilaterally, worse on the left, with pain along CMC and STT joint. A request was made for an additional 12 sessions of chiropractic therapy. Multiple medications were also requested including Terocin patch, Flexeril, Protonix, LidoPro lotion, Effexor, and Dolobid. These requests were either modified or denied by utilization review letter dated 10/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #20: Overturned

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

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

Decision rationale: The patient continues with neck pain, bilateral shoulder pain, and upper extremity pain with associated numbness and tingling. Terocin patches were recommended for the patient, which is a lidocaine patch. MTUS pages 111 to 113 regarding topical analgesics, under the section of lidocaine, states that for neuropathic pain, it is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica. Topical Lidocaine in the form of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. The patient is on Effexor and still continues with neuropathic pain. The Terocin patches appear to be reasonable and recommended by the guidelines noted above. Therefore, authorization is recommended.

Flexeril 7.5mg #60, with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The patient continues with bilateral upper extremity pain with associated numbness and tingling as well as neck pain. The records appear to indicate the patient has been on this medication for several months. MTUS Guidelines page 64 regarding Flexeril states that it is only recommended for a short course of therapy. Limited, and mixed evidence, does not allow for a recommendation for chronic use. MTUS specifically states that this medication is not recommended to be used for longer than 2 to 3 weeks. The patient has been on this medication for long-term use, which is not supported by the guidelines noted above. Therefore, recommendation is for denial.

Protonix 20mg, #60: Upheld

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

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

Decision rationale: The patient continues with neck pain and bilateral upper extremity pain. The patient is on anti-inflammatory medications. However, the treating physician has indicated that Protonix is used as a buffer for the stomach, but does not mention any GI symptoms in his

progress reports reviewed. Reports from 05/30/2013, 08/29/2013, and 10/09/2013 mention that the medication was provided for GI buffer, but there was no mention of evaluation for risk factors for gastrointestinal events. MTUS guidelines page 69 recommends evaluation of risk factors for gastrointestinal events which include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high-dose/multiple NSAIDs. The continued use of the Protonix in this case does not appear to be indicated and is not recommended. Therefore, recommendation is for denial.

Lidopro lotion 4 oz.: 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): 111-113.

Decision rationale: The patient continues with bilateral upper extremity pain and neck pain. The LidoPro lotion was recommended for topical application. MTUS page 111 regarding topical analgesics states that "any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Under the section of Lidocaine, it states that Lidocaine, in the form of a dermal patch, is recommended for neuropathic pain. MTUS specifically states that no other commercially approved topical formulation of Lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. The topical cream containing Lidocaine does not appear to be supported by the guidelines as noted above. Therefore, recommendation is for denial.

Effexor 75mg, #180, with one (1) refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: The patient continues with neck pain and bilateral upper extremity pain and also has symptoms of depression. The treating physician indicates that the patient was to take 3 tablets in the morning of the Effexor, and the prescription is not to be filled until 11/20/2013. Utilization review had modified the request to #90. The treating physician does not mention the rationale regarding a 2-month supply of this medication to be filled towards the end of the following month. MTUS guidelines page 13, regarding antidepressants, states that they are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. This patient has neuropathic pain as well as depression which this medication would be reasonable for. It appears this medication is indicated for this patient. The request was already partially authorized by utilization review. Recommendation is for authorization. Maximum dose for Effexor is 225mg which this treater is prescribing.

request for 12 chiropractic manipulations: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 205,28,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Page(s): 58.

Decision rationale: The patient continues with bilateral upper extremity pains and neck pain. The treating physician mentioned that the patient had good results with previous chiropractic treatment. I was unable to locate any chiropractic treatment notes in the records. It is unclear what area of the body of the patient the chiropractic treatment was directed towards. Utilization review letter indicated that the denial was based on lack of support by the guidelines for upper extremity manipulation. MTUS guidelines page 58 states that for the forearm, wrist, and hand, chiropractic is not recommended. For low back pain, a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits for over 6 to 8 weeks is recommended. The progress report dated 05/30/2013 indicates that an additional 4 sessions of chiropractic were authorized. It is unclear how many sessions the patient has had in total or if the current request is for a new flare-up. As the patient's main complaints are of the upper extremities, which do not appear to be supported as areas to be treated with chiropractic by the guidelines. The 12 additional chiropractic treatments do not appear to be supported. Therefore, recommendation is for denial.