

Case Number:	CM13-0049562		
Date Assigned:	12/27/2013	Date of Injury:	06/13/2012
Decision Date:	02/28/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/08/2013

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 and Pain Medicine and is licensed to practice in 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:

Patient is a 39 year-old male who reported an injury on 06/13/2012 after he lifted a heavy object weighing 40 to 50 pounds causing pain in his right wrist and right elbow. The patient's treatment history included steroid injections, icing, strengthening exercises, physical therapy, acupuncture, bracing and anti-inflammatory drugs. Patient's most recent clinical examination findings included poor grip strength of the right arm with pain that is exacerbated by repetitive motions. The patient's diagnoses included bilateral epicondylitis. The patient's treatment plan included medications, continuation of acupuncture, and the use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherapy QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy, Page(s): 99-100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy, Page(s): 99-100.

Decision rationale: The California Medical Treatment Utilization Schedule does not recommend the use of this type of treatment due to lack of scientific evidence to support the efficacy and safety of this treatment. Clinical documentation submitted for review does not

provide any evidence of exceptional factors to extend treatment beyond guideline recommendations. Therefore, the requested Prolotherapy quantity 6 is not medically necessary or appropriate.

Tramadol ER 150mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of opioids and the management of the patient's chronic pain be supported by documentation of a quantitative assessment of pain relief, functional benefit, manage side effects, and evidence of compliance to the prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence that the patient has any pain relief or functional benefit as a result of this medication. Additionally, there is no documentation that the patient is monitored for aberrant behavior. As such the requested Tramadol extended release 150 mg quantity 30 is not medically necessary or appropriate.

Flexeril 7.5mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41, 64.

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule does not recommend the extended use of this medication. Only short courses of treatment for acute exacerbation are recommended by California Medical Treatment Utilization Schedule. Therefore continued use would not be supported. As such the requested Flexeril 7.5 mg quantity 60 is not medically necessary or appropriate.

LidoPro lotion 4oz QTY: 1: 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 compound agent contains Capsaicin, Lidocaine, menthol, and methyl salicylate. California Medical Treatment Utilization Schedule recommends the use of

capsaicin as a topical agent when the patient has failed to respond to all first line treatments. The clinical documentation submitted for review does provide evidence that the patient's pain has failed to respond to other first line treatments. Additionally, California Medical Treatment Utilization Schedule recommends the use of menthol and methyl salicylate for relief of osteoarthritic pain. The clinical documentation submitted for review does not provide any evidence the patient's pain is related to osteoarthritis. Also the California Medical Treatment Utilization Schedule does not recommend the use of Lidocaine as a cream formulation as it is not FDA approved to treat neuropathic pain. California Medical Treatment Utilization Schedule states that any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. As such the requested LidoPro cream is not medically necessary or appropriate.

Terocin patch QTY: 20.00:

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 medication contains methyl salicylate, capsaicin, menthol and Lidocaine. California Medical Treatment Utilization Schedule recommends the use of methyl salicylate for patients who have osteoarthritic related pain. The clinical documentation submitted for review does not provide any evidence of the patient's pain complaints is related to osteoarthritis. California Medical Treatment Utilization Schedule does recommend the use of capsaicin for patients who have failed to respond to first line treatments. The clinical documentation submitted for review does provide evidence that the patient has failed to respond to first line treatments. However, California Medical Treatment Utilization Schedule recommends the use of a Lidocaine patch be supported by documentation of pain relief and functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient's pain is well controlled or that the patient has any functional benefit related to the use of this medication. As such the requested Terocin patch quantity 20 is not medically necessary or appropriate.

Protonix 20mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular risk Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend the use of gastrointestinal protectant when the patient is at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the

patient is at risk for developing gastrointestinal events related to medication usage. Therefore, continued use of this medication will not be supported. As such the requested Protonix 20 mg quantity 60 is not medically necessary or appropriate.

TENS pad QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of a TENS unit be supported by documentation of functional benefit and pain relief when used as an adjunct therapy to active therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program that would benefit from the TENS unit as an adjunct therapy. Additionally there is no documentation that the patient has had any pain relief from this type of treatment. Therefore equipment related to a TENS unit would not be indicated. As such the requested TENS pad quantity 1 is not medically necessary or appropriate.