

<b>Case Number:</b>	CM13-0049952		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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, has a subspecialty in Pain Management 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 claimant is documented as having been injured on November 30, 2009. A utilization review dated November 29, 2013 denied multiple requests including chiropractic therapy two to three times a week for 6 weeks, Motrin 600 mg, Prilosec, Tramadol, and Medrox patches. The reviewer indicates that chiropractic therapy is not indicated secondary to containing passive modalities which are not recommended, and noting the documentation provided did not describe a musculoskeletal deficit that would support the need for additional supervised rehabilitation. The Ibuprofen 600 mg was denied noting that chronic use of this medication was not indicated. Prilosec was denied noting a lack of documentation of G.I. symptoms. Tramadol was denied based on the lack of analgesic benefit with use of opioids in the documentation provided. Additionally, the reviewer notes no documentation of a urine drug screen. Finally, Medrox patches were denied noting that topical agents are largely experimental and recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed. The progress note, dated October 15, 2013, indicates that the claimant presented with complaints of frequent mild to moderate sharp stabbing bilateral wrist pain with numbness, tingling, and weakness. The claimant endorses aggravation of the pain secondary to repetitious motion. The claimant is documented as indicating the medication is helpful, but the clinician does not indicate what medications the claimant is currently utilizing. The physical exam documents slightly diminished grip strength on the right, diminished range of motion in both wrists and pain with range of motion in both wrists. The exam documents a bilateral negative Finkelstein's test, but a positive Phalen's and Tinel's test is noted. Pain is not noted over the medial or lateral left epicondyle. There is pain at the right lateral epicondyle. The clinician indicates previous EMG/NCV studies revealed right sided carpal tunnel syndrome. A urine drug screen dated October 17, 2013 is also provided for review and indicates that Tramadol is not detected, no

additional medications were detected. A subsequent progress note, dated October 28, 2013, indicates that the claimant had previously completed occupational and physical therapy and noted improvement of symptoms following this modality. A previous MRI is documented as showing tendinitis of the elbow. This note also requests the chiropractic care to be performed 2-3 times per week for 6 weeks. A subsequent PR-2 form, dated November 14, 2013, indicates refills of Motrin, Tramadol, Prilosec, and Medrox patches are needed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CHIROPRACTIC THERAPY 2-3 TIMES A WEEK FOR 6 WEEKS FOR THE RIGHT WRIST: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** The MTUS guidelines clearly state that manual therapy and manipulation are not indicated for the treatment of carpal tunnel syndrome or for treatment of the forearm, wrist, or hand. Additionally, the claimant had previously completed physical therapy and occupational therapy with documented relief and there is no indication that transition to a regular home exercise plan was performed. The request for chiropractic therapy two to three times a week for the right wrist is not medically necessary and appropriate.

#### **MOTRIN 600: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS notes that NSAIDs can be used in the treatment of neuropathic pain, but the use of these medications for neuropathic pain has shown inconsistent evidence. However NSAIDs may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and other nociceptive pain with neuropathic pain. Based on the clinical documentation provided, this is being used as a long-term treatment and there is no significant indication that the Ibuprofen has been providing substantial benefit. Specifically, the clinician indicates that the "medications" have been showing some benefit, but fails to identify which medications the claimant was currently on. Additionally, the clinician does not document a VAS pain score. Therefore, the request for Motrin 600 mg is not medically necessary and appropriate.

#### **PRILOSEC: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The MTUS recommends proton pump inhibitors for the treatment of gastroesophageal reflux disease (GERD) and is often used in conjunction with a nonsteroidal anti-inflammatory when G.I. complaints are present. Based on the clinical documentation provided, the claimant falls into the low risk stratification for potential G.I. complications, and as such in accordance with the MTUS the Prilosec is not recommended. The request for Prilosec is not medically necessary and appropriate.

**TRAMADOL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 113,74-96.

**Decision rationale:** The MTUS notes that Tramadol is not considered a first-line pain medication and references the opioid section for further information. California MTUS recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects" for patients utilizing ongoing opioid therapy. Within the documentation available for review, the records do not clearly identify quantifiable pain relief, functional improvement, and appropriate medication use/monitoring given the recent inconsistent urine drug screen. As such, ongoing opioid use is not indicated. Therefore, the request for Tramadol is not medically necessary and appropriate.

**MEDROX PATCHES:** Upheld

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

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

**Decision rationale:** Regarding the request for Medrox patches, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." In this case, this has not been documented. Furthermore, there is no clear rationale for the use of topical medications rather

than the FDA-approved oral forms for this patient. Therefore, the request for Medrox patches is not medically necessary and appropriate.