

<b>Case Number:</b>	CM13-0050514		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Medicine 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 patient is a 46 year old female with primary complaint of neck, bilateral shoulder and wrist pain. Her initial injury occurred in 2000 after falling backwards in a chair. She had a subsequent injury in 2004 while reaching to retrieve an object with her left arm. The diagnoses have varied over time including chronic pain, brachial plexus lesions, cervicgia, cervical disc herniation, ulnar nerve subluxation at the elbow, subacromial bursitis, bicipital tenosynovitis, rotator cuff sprain or strain, carpal tunnel syndrome, scapular dysfunction, adhesive capsulitis, cervicogenic headaches, thoracic outlet syndrome, medial epicondylitis, and complex regional pain syndrome. The patient has received various treatment modalities including chiropractic care, acupuncture, left carpal tunnel release, trigger point injections, oral and topical non-steroidal anti-inflammatories, topical analgesic creams, physical therapy, "nerve blocks at shoulder" (May 2009), Lidoderm patches, and application of a transcutaneous electrical stimulation (TENS) unit. During her course of treatment she has remained at work in either full or modified duties. Per the most recent notes at a follow up visit for pain management consult, the patient continues to "work despite her ongoing pain." The request is to review appropriateness of current treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Trigger Point Injections #4 DOS: 10/17/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Trigger Point Injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Section Page(s): 122.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines specify that trigger point injections shoulder not be repeated "unless a greater than 50% pain relief is obtained for six weeks after injection and there is documented evidence of functional improvement." Per progress notes, the patient experiences "at least 50% pain relief which lasts a good 2-3 weeks." The notes do not indicate functional improvement but rather that the patient "continues to work three days a week" without documented change. Therefore, this request is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI Section Page(s): 68.

**Decision rationale:** The California MTUS guidelines recommend determining if a patient is at risk for gastrointestinal events prior to considering a proton pump inhibitor (PPI). Patients should be greater than 65 years of age, have a history of peptic ulcer, GI bleeding or perforation, have concurrent use of ASA, corticosteroids and/or anticoagulant or high dose/multiple NSAIDs e.g. NSAID + low-dose ASA. Per documentation, there is mention of a history of "medication induced gastritis" and "on occasion, the patient uses a Flector patch since she does occasionally experience heartburn like symptoms" but nothing specifically describing ulcer, bleeding or perforation. There has been no documented workup to establish diagnosis of any of the above conditions to warrant PPI usage. Therefore, this request is not medically necessary.

**Dendracin Topical Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Biofreeze and Cryotherapy gel

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines specify that with regards to compounded products, "any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Dendracin contains Methyl Salicylate, Menthol, and Capsaicin. There are no provisions for topical Menthol in the California Medical Treatment Utilization Schedule. Therefore the Official Disability Guidelines are referenced, which support the use of menthol only in the context of acute low back pain as an alternative to ice packs. Specifically, the Official Disability Guidelines Low Back Chapter under the Biofreeze and Cryotherapy section state: "Recommended as an optional form of cryotherapy for

acute pain. See also Cryotherapy, Cold/heat packs. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. This randomized controlled study designed to determine the pain-relieving effect of Biofreeze on acute low back pain concluded that significant pain reduction was found after each week of treatment in the experimental group. (Zhang, 2008)" Given that this worker does not have documentation of acute low back pain (but rather chronic pathology in the neck, shoulder, upper extremities), the topical Menthol is not medically necessary. Since this individual component is not necessary, the entire formulation is not necessary.

**Lidoderm Patch 5%:** 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 Topical Analgesics Section Page(s): 111-113.

**Decision rationale:** Per the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patches are considered first line treatment for post-herpetic neuralgia which was not a documented pathology in this patient. Secondly, use of Lidoderm patches is recommended for localized peripheral pain only after failure of other first-line agents such as tri-cyclic antidepressants, SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica. The failed trial of a first line agent was not documented in this case. Therefore, this request is not medically necessary.