MAXIMUS Federal Services

Case Number:	CM13-0058725		
Date Assigned:	12/30/2013	Date of Injury:	04/08/2011
Decision Date:	05/08/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/27/2013

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 Anesthesiology, Pain Management 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 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 injured worker is a 54-year-old male who reported an injury on 04/08/2011. The mechanism of injury was the injured worker fell on a mat while attempting to stand up. The prior treatments include an injection, a hot and cold pad, bracing, and a TENS unit for as needed use. The documentation of 09/30/2013 revealed the injured worker was approved for a TFCC repair, interosseous tissue removal and left elbow arthroscopy with an evaluation of the chondral lesion and lateral epicondylar release. The injured worker indicated he would like to delay surgery and continue with conservative treatment. The injured worker had tenderness along the left elbow, wrist, CMC and STT joint, and TFCC ligament. The diagnoses included lateral epicondylitis of the left elbow. The treatment plan included Protonix to buffer the stomach, tramadol ER 150 mg, naproxen sodium, Terocin patches, and LidoPro lotion. The documentation of 12/09/2013 revealed the injured worker needed a replacement of the wrist hot and cold wraps, the TENS unit, and the daytime brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG, QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker was prescribed the medication in 08/2013. There was a lack of documentation of the efficacy of the requested medication. Additionally, the medication is concurrently being reviewed with an NSAID and the NSAID was found to be not medically necessary. As such, the PPI would not be medically necessary. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for Protonix 20MG, QTY 60 is not medically necessary.

NAPROXEN SODIUM 550MG, QTY 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

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

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short-term symptomatic relief of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been taking the medication for 2 months. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for Naproxen Sodium 550MG, QTY 60.00 is not medically necessary.

TEROCIN PATCH, QTY 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPICAL ANALGESICS; TOPICAL SALICYLATE; LIDOCAINE, Page(s): 105; 111; 112.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety ... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed ... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended ... Lidocaine ... Lidoderm ... No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. The duration of the medication usage was not provided.

The request as submitted failed to indicate the frequency for the medication. Given the above, the request for Terocin Patch, QTY 20.00 is not medically necessary.

LIDO PRO LOTION, QTY 1.00: 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 OPICAL ANALGESICS; TOPICAL SALICYLATES; TOPICAL CAPSAICIN; LIDOCAINE Page(s): 105; 111; 112; 28.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety ... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed ... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended ... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments ... Lidocaine ... Lidoderm ... No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the duration the injured worker had been on the medication. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the quantity as well as the frequency for the medication. Given the above, the request for Lido Pro Lotion, QTY 1.00 is not medically necessary.

HOT AND COLD WRAP, QTY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Cold/heat packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: ACOEM Guidelines indicate that at home applications of cold packs for the first few days of acute complaints are appropriate and thereafter applications of heat pack. The clinical documentation submitted for review indicated that the injured worker had a prior hot and cold wrap that was worn out and a new one was requested. There was a lack of documentation of the efficacy of the wrap. Additionally, there was a lack of documentation indicating that a heat packs and cold packs would not manage the symptomatology. Given the above, the request for hot and cold wrap, QTY 1.00 is not medically necessary.

TENS UNIT, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115; 116.

Decision rationale: California MTUS Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence-based restoration for chronic neuropathic pain. There should be documentation of decreased medication use and improved function. The clinical documentation submitted for review indicated the injured worker had a TENS unit and it was worn out. The request was made for a replacement unit. There was lack of documentation of objective functional improvement and an objective decrease in pain with the recommended TENS unit. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for TENS UNIT, QTY 1.00 was not medically necessary.

BRACE QTY 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM Guidelines indicate that the initial treatment of carpal tunnel syndrome should include night splints. Day splints can be considered for patient's comfort as needed to reduce pain along with work modifications. There was documentation that the injured worker's old brace had worn out. However, there was a lack of documented functional benefit from the bracing. The request as submitted failed to indicate the type of brace being requested and the body part it was requested for. Given the above, the request for brace QTY 1.00 was not medically necessary.