MAXIMUS Federal Services

Case Number:	CM13-0058797		
Date Assigned:	12/30/2013	Date of Injury:	02/12/2004
Decision Date:	06/13/2014	UR Denial Date:	10/22/2013
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 Physical Medicine & 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 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 49 year old with an injury date on 2/12/04. Exam on 10/7/13 showed blood pressure is 130/84 with a pulse of 61. Tenderness along the right knee has been noted. Weakness to resisted function is noted. Lumbar extension is less than 20 degrees. Flexion is 10 degrees. Knee extension is 170 degrees on the right knee and flexion is 90 degrees with grade 5 strength to resisted function. Tinel's at the wrists are much more significant on the left than on the right and positive Phalen's test bilaterally, decreased sensation to pin in the index and long fingers bilaterally with a negative Phalen's test per 2/8/13 AME. MRI of L-spine in October 2011 showed right chronic L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG, #60, WITH ONE (1) REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The treating physician has asked for Flexeril 7.5mg #60, with one refill on 10/7/13. The patient has no history of taking Flexeril prior to 10/7/13 report. Regarding Cyclobenzaprine, MTUS recommends as an option, using a short course of therapy for back pain and as post-op use. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. It can be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Recommendation is for denial.

BILATERAL SOFT BRACES FOR THE WRISTS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

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

Decision rationale: The patient is not currently using braces per 10/7/13 report. AME on 2/8/13 diagnoses compensatory bilateral carpal tunnel syndrome from cane use. Requested nerve studies on wrists from 1/16/13 have not been approved. Regarding wrist braces, ACOEM recommends initial treatment of CTS to include night splints; day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. In this case, the treating physician has asked for bilateral soft braces for the wrists which is within ACOEM guidelines for the patient's carpal tunnel syndrome. Recommendation is for authorization.

BILATERAL CARPAL TUNNEL BRACES FOR THE WRISTS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

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

Decision rationale: The patient is not currently using braces per 10/7/13 report. AME on 2/8/13 diagnoses compensatory bilateral carpal tunnel syndrome from cane use. Requested nerve studies on wrists from 1/16/13 have not been approved. Regarding wrist braces, ACOEM recommends initial treatment of CTS to include night splints; day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. In this case, the treating physician has asked for bilateral carpal tunnel braces for the wrists which is within ACOEM guidelines. Recommendation is for authorization.

ONE (1) HOT AND COLD WRAP WITH GEL FOR THE WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Forearm, Wrist and Hand Chapter, Cold packs, Knee and Shoulder Chapters, Continuous Flow Cryotherapy, and the Carpal Tunnel Chapter.

Decision rationale: The treating physician has asked one hot and cold wrap with gel for the wrists on 10/7/13. The patient reports on 7/30/13 report that hot treatments are preferred. The patient has been self-administering hot and cold wraps for wrist pain per 5/7/13 report. Regarding cold packs for forearm, wrist, hand, ODG recommends at-home local applications of cold packs for first few days of acute complaints; thereafter, applications of heat packs. It is not recommended for nonsurgical treatment. In this case, the patient has not had recent surgery, and is self-treating for carpal tunnel syndrome. The requested hot and cold wrap with gel for the wrists exceeds ODG recommendations for the patient's condition. Recommendation is for denial.

LIDOPRO, 4OZ, WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm; Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: Review of the reports shows patient has been taking Lidopro. Regarding topical lidocaine, MTUS recommends for post-herpetic neuralgic pain after trials of antidepressants and anticonvulsants have failed. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. Thus, a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria. Recommendation is for denial.

TEROCIN PATCHES, #30, WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm; Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: Regarding Terocin, MTUS recommends after failure of antidepressants or anticonvulsants. MTUS further states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, methyl salicylate, capsaicin, menthol, and lidocaine are indicated. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. Thus, a compounded topical that contains Lidocaine would not be

recommended by MTUS criteria. In this case, the treating physician has asked for Terocin patches, #30, with one refill. Recommendation is for denial.

EFFEXOR 75MG, #60,: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness/Stress (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Page(s): 13-16.

Decision rationale: Review of the reports shows patient has no record of taking Effexor. On 6/4/13, the patient was having difficulty sleeping due to wrist pain, only sleeping 4-5 hours a night. Regarding tricyclic antidepressants, MTUS recommends for neuropathic pain as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. For non-neuropathic pain, MTUS recommends antidepressants as an option in depressed patients, but effectiveness is limited. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. In this case, the treating physician has asked for Effexor 75mg, #60 and patient is exhibiting symptoms of neuropathic pain with insomnia and depression. Recommendation is for authorization.

TRAZODONE 50MG, #60,: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation ODG, Stress & Mental Illness Chapter, Trazodone.

Decision rationale: On 6/4/13, the patient was having difficulty sleeping due to wrist pain, only sleeping 4-5 hours a night. Regarding Trazadone, ODG Guidelines recommend as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, the treating physician has asked for Trazodone 50mg #60 and the patient was showing symptoms of insomnia coupled with depression. Recommendation is for authorization.

ZOLOFT 50MG, #20,: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness/Stress (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants..

Decision rationale: The treater has asked Zoloft 50mg #20 on 10/7/13. On 6/4/13, the patient was having difficulty sleeping due to wrist pain, only sleeping 4-5 hours a night. Regarding tricyclic antidepressants, MTUS recommends for neuropathic pain as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. For non-neuropathic pain, MTUS recommends antidepressants as an option in depressed patients, but effectiveness is limited. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. In this case, the treating physician has asked for Zoloft 50mg #20 and patient is exhibiting symptoms of neuropathic pain along with insomnia. Recommendation is for authorization.