

Case Number:	CM13-0059353		
Date Assigned:	04/18/2014	Date of Injury:	03/12/2004
Decision Date:	08/08/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 12, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; opioid therapy; earlier shoulder surgery; topical agents; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated November 15, 2013, the claims administrator approved laboratory testing, including urinalysis, approved Naprosyn, approved Norco, and denied request for Terocin, Flexeril, Protonix, LidoPro, and TENS unit patch. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated May 15, 2012, the medical-legal evaluator noted that the applicant was status post surgery for the elbow for medial and epicondylitis and was also status post ulnar nerve decompression surgery and carpal tunnel release surgery. It was suggested that the applicant had not worked since 2009. The medical-legal evaluation suggested that the applicant be weaned off of opioids. In a November 20, 2013 progress note, the applicant presented with multifocal wrist and elbow pain with associated symptoms, numbness, and paresthesias. The applicant requested replacement of a TENS unit pad. It was stated that the applicant's was using the TENS unit on a regular basis, although this was quantified. It was stated that the applicant had comorbid hypertension. The applicant's blood pressure was elevated at 150/88. Tenderness was noted about the medial and lateral epicondyles of the elbow. It was stated that the applicant was some sleep disturbance and GI irritation appreciated. Norco, Naprosyn, Neurontin, and a TENS unit pad were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES QUANTITY 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic.(ACOEM) Oral Pharmaceuticals Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Naprosyn, Norco, and Neurontin, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical agents and topical compounds such as the Terocin patches at issue here. No rationale for ongoing usage of the same was provided in the face of the unfavorable MTUS recommendations. Therefore, the request is not medically necessary and appropriate.

FLEXERIL 7.5 MG, QUANTITY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a wide variety of analgesic and adjuvant, topical medications. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not medically necessary and appropriate.

PROTONIX 20MG QUANTITY 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, introduction of and/or ongoing usage of proton pump inhibitors to combat NSAID-induced dyspepsia is indicated. The attending provider did posit that the applicant had an element of GI disturbance secondary to ongoing NSAID usage with Naprosyn. Ongoing usage

of Protonix to combat the same is indicated. Therefore, the request is not medically necessary and appropriate.

LIDOPRO CREAM, QUANTITY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Naprosyn, Norco, and Neurontin, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds and topical analgesics such as LidoPro. Therefore, the request is not medically necessary and appropriate.

TENS PADS, QUANTITY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic; MTUS 9792.20f. Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, ongoing usage of a TENS unit beyond a one-month trial of the same should be predicated on favorable outcomes in terms of both pain relief and function with the same. In this case, however, there has been no clear demonstration of functional improvement as defined in MTUS 9792.20f despite earlier usage of a TENS unit. The applicant is off of work. The applicant remains highly reliant and highly dependent on various forms of medical management, including medications such as Norco, Neurontin, and Naprosyn. All of the above, taken together suggests that ongoing usage of the TENS unit has not been successful in terms of the parameters established in MTUS 9792.20f. Therefore, the request for TENS unit supplies (pads) is not medically necessary and appropriate.