

Case Number:	CM13-0062940		
Date Assigned:	01/15/2014	Date of Injury:	04/17/2002
Decision Date:	05/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/09/2013

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, 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 71-year-old female who was injured on 04/17/2002 who sustained a neck and bilateral shoulder injury. Prior treatment history has included chiropractic therapy, physical therapy and medication including Flexeril and Tramadol; Protonix 20 mg, Tylenol No. 3, Naproxen 550 mg; collar with gel and neck pillow as well as a TENS unit. The patient underwent a left shoulder surgery, right shoulder injection. Office note dated 01/07/2014 indicated the patient reported her neck pain and bilateral shoulders was at 2-3/10 daily with the use of Tylenol No. 3. Without medication, pain increases at 8/10, particularly worse with movement. She admitted to having daily spasms as well as daily numbness and tingling in bilateral arms. These symptoms prevent her from normal task and also caused weakness in both arms, left worse than right. She was not working at the time and receiving SSI. She was able to do light cooking and make her bed. Her husband helps with household chores as well. The pain did affect her sleep in that it wakes her up at night. She denied depression and she was using hot and cold modalities for pain as needed. Objective findings on exam revealed the patient was not in acute distress. She is a pleasant lady. Her right upper extremity abduct to 140 degrees. The left upper extremity adducts to 140 and movement of the neck was satisfactory. Office note dated 12/05/2013 reported the patient stated she had daily pain in the neck and bilateral shoulders at 6-7/10. With use of Tylenol No. 3, pain decreased to 3/10 and making the pain more manageable and allowing her to be more function. She also admitted to having daily spasms in bilateral shoulders that radiated all the way down to both hands as well as daily numbness and tingling in bilateral arms and hands. These symptoms were causing weakness in bilateral hands and preventing her from doing tasks. Tylenol No. 3 helped to decrease her pain level allowing her to fall asleep easier. She also admitted to depression at times due to chronic pain that decreased her ability to do task as well as engaging in activities with her grandchildren. She did use hot and

cold modalities for pain. She particularly preferred cold. On exam, the patient was not in acute distress. Her bilateral upper extremities abducted to 130 degrees. She had good movement of the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOR 1 PRESCRIPTION FOR PROTONIX 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms.

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

Decision rationale: Protonix is a proton pump inhibitor and as per CA MTUS guidelines, it is recommended for patients at intermediate risk for gastrointestinal events or for NSAIDs-induced dyspepsia. Based on the patient's age, she is at intermediate risk. However, a 2 month supply of Protonix was apparently certified on 10/15/13 such that the patient should have had sufficient supply at the time of the request. As such, the request for 1 prescription for Protonix 20mg #60 is not medically necessary and appropriate.

REQUEST FOR 1 PRESCRIPTION FOR PROTONIX 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms.

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

Decision rationale: Protonix is a proton pump inhibitor and as per CA MTUS guidelines, it is recommended for patients at intermediate risk for gastrointestinal events or for NSAIDs-induced dyspepsia. The patient is at intermediate risk based upon her age. The patient is taking NSAIDs. Medical necessity is established, and the request for 1 prescription for Protonix 20mg is medically necessary and appropriate.

1 PRESCRIPTION FOR TEROGIN PATCHES #20: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, Terogin is a topical analgesic which contains Menthol 4% and Lidocaine 4%. The guidelines indicate that topical lidocaine is recommended

for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, this patient has chronic neck and bilateral shoulder pain. There is no documentation that this patient has tried and failed the first-line therapy. Additionally, the guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the medical necessity has not been established and the request for 1 prescription for Terocin patches is not medically necessary and appropriate.

1 PRESCRIPTION FOR LIDOPRO 4 OZ: Upheld

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

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

Decision rationale: LidoPro is a topical analgesics that contains capsaicin, lidocaine, menthol, and methyl salicylate. As per the CA MTUS guidelines, topical lidocaine is recommended in the formulation of a dermal patch. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further the guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Also, topical NSAIDs are recommended for short-term use for osteoarthritis but not for the spine or shoulder. Therefore, the request for Lidopro 4 oz is not medically necessity and appropriate.

1 TENS PAD BETWEEN 11/4/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

Decision rationale: As per CA MTUS guidelines, TENS unit is recommended for neuropathic pain. In this case, this patient is using TENS unit with reported pain relief and functional improvement. However, there is documentation that the previous request for TENS pads for date of service 11/4/13 was certified. Therefore, the request for prospective request for 1 TENS pad between 11/4/2013 and 1/14/2014 is not medically necessary and appropriate.