

Case Number:	CM13-0066062		
Date Assigned:	01/03/2014	Date of Injury:	06/13/2012
Decision Date:	05/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 39 year old male with date of injury 8/13/12. The treating physician report dated 11/26/13 indicates that the patient presents with pain affecting the bilateral elbows. Examination findings state that the patient is not in any acute distress. His bilateral elbows extend to 180 degrees and flex to 160 degrees. The current diagnosis is bilateral lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The patient presents with chronic pain affecting the elbows. The current request is for 60 Protonix 20mg. The treating physician notes in the 10/21/13 report that the patient only uses medications as needed, and that no medication was needed on that date. The treating physician goes on to put in a prospective request for medications at the next visit, including 30 Tramadol ER 150mg, 60 Flexeril 7.5mg, Lidopro 4oz to apply in small amounts 2-3

times daily as needed, 20 Terocin patches 12 hours on and 12 hours off, TENS pad, and 60 Protonix 20mg to buffer the stomach. The MTUS guidelines do not support routine prophylactic use of proton pump inhibitors without a proper GI risk assessment or documentation of gastric side effects from the use of NSAIDs. The treating physician does not document any GI complaints and there is nothing to indicate that the patient is at risk of any GI events. As such, the request is not medically necessary.

FLEXERIL 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

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

Decision rationale: The patient presents with chronic pain affecting the elbows. The current request is for 60 Flexeril 7.5mg. The treating physician notes in the 10/21/13 report that the patient only uses medications as needed, and that no medication was needed on that date. The treating physician goes on to put in a prospective request for medications at the next visit, including 30 Tramadol ER 150mg, 60 Flexeril 7.5mg, Lidopro 4oz to apply in small amounts 2-3 times daily as needed, 20 Terocin patches 12 hours on and 12 hours off, TENS pad, and 60 Protonix 20mg to buffer the stomach. The MTUS guidelines state that Flexeril is recommended for a short course of therapy, usually 2-3 weeks. Guidelines also state that it is used to decrease muscle spasm in conditions such as low back pain, although it appears that medications such as Flexeril are often used for the treatment of musculoskeletal conditions whether spasm is present or not. Review of the reports provided indicates that the patient has been taking Flexeril since at least 8/6/13 which is well beyond the MTUS recommendations. As such, the request is not medically necessary.

LIDOPRO LOTION 4 OUNCES: 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 Page(s): 111-113.

Decision rationale: This patient presents with chronic pain affecting the elbows. The current request is for four ounces of Lidopro lotion, which is a compound topical analgesic with active ingredients of Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10% and Capsaicin .0375%. The MTUS guidelines do recommend topical analgesics. MTUS states that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). The patient has been using topical analgesics since at least 2/4/13, which is beyond guideline recommendations. Furthermore, MTUS guidelines allow only a patch

formulation for Lidocaine; it is not allowed in lotion, gel or cream formulation. As such, the request is not medically necessary.

TEROCIN PATCHES #20: 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 Page(s): 56-57, 111-113..

Decision rationale: The patient presents with chronic pain affecting the elbows. The current request is for 20 Terocin patches. Terocin patches are a form of topical analgesic containing lidocaine and menthol. The MTUS guidelines recommend lidocaine patches for neuropathic pain. This patient has peripheral joint/tendon pain, but does not present with neuropathic pain. As such, the request is not medically necessary.

TENS PAD: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: The patient presents with chronic pain affecting the elbows. The current request is for a TENS pad. The treating physician notes in the 10/21/13 report that the patient only uses medications as Final Determination Letter for IMR Case Number CM13-0066062 5 needed, and that no medication was needed on that date. The treating physician goes on to put in a prospective request for medications at the next visit, including 30 Tramadol ER 150mg, 60 Flexeril 7.5mg, Lidopro 4oz to apply in small amounts 2-3 times daily as needed, 20 Terocin patches 12 hours on and 12 hours off, TENS pad, and 60 Protonix 20mg to buffer the stomach. There is no information in any of the reports provided as to how the patient is responding to the home usage of a TENS unit or any quantity of the prescription for a TENS pad. The MTUS guidelines do recommend a trial of TENS; documentation of how often the unit was used, as well as outcomes in terms of pain relief and function must be noted during the trial. The patient has been using a TENS since at least 8/6/13, but again there is no documentation of usage, response, or function to determine if a replacement TENS pad is medically necessary. There is no documentation of any specific amount for this prescription which is required. As such, the request is not medically necessary.