

Case Number:	CM13-0068111		
Date Assigned:	08/01/2014	Date of Injury:	01/25/2010
Decision Date:	08/29/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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:

Injured worker is a female with date of injury 1/25/2010. Per progress report dated 5/5/2014, the injured worker complains of daily pain at 6-7/10 in the left wrist and left arm. Norco decreases pain to 4-5/10 making pain more manageable and allows her be functional and to be mobile. Pain is worse in the evening which disturbs her sleep. The worse pain is in the left wrist and left thumb. She admits to spasms in the left hand and numbness in the left wrist radiates to the left elbow. Both symptoms of spasms and numbness occur frequently. She admits to weaker gripping and grasping with incidence of dropping items. She has difficulty holding onto smaller objects. She lifts a gallon of milk with both hands. She is currently not working and receiving general assistance. She manages to do light chores. Her sister and son do chores for her. She admits that pain affects her sleep by waking her up at least twice at night. She admits to depression due to chronic pain that decreases her ability to do daily task. She does use hot and cold modalities for pain as needed. She particularly prefers cold. On examination blood pressure is 155/94 and pulse is 75. She is not in acute distress and is asymptomatic. Movement of the left hand and wrist is satisfactory. There is no swelling noted. Diagnoses include 1) discogenic lumbar condition with element of spondylolisthesis at L5-S1 and facet wear at L3 through L5 with no treatment to date 2) stenosing tenosynovitis along the index and thumb on the left status post release with persistent symptomatology 3) CMC joint inflammation of the thumb on the left, status post injection with some improvement to the base of the thumb 4) wrist joint inflammation with dorsal ganglion 5) cubital tunnel syndrome on the left 6) resolution of triggering along the fingers on the right 7) depression 8) stenosing tenosynovitis along the A1 pulley of the long finger on the left 9) carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The claims administrator partially certified the request for Norco and Tramadol because of the chronicity of the injury, the lack of a pain contract mentioned in the medical records provided for review, and no documentation of discussion regarding weaning, change in medications, orientation, functionality and benefit. It is noted that in prior UR there have been partial certification for Norco previously (12/11/2012). The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. This injured worker remains off work, and there is no clear functional improvement or improvement in pain symptoms from the use of Norco. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg #90 is determined to not be medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The claims administrator partially certified the request for Norco and Tramadol because of the chronicity of the injury, the lack of a pain contract mentioned in the medical records provided for review, and no documentation of discussion regarding weaning, change in medications, orientation, functionality and benefit. It is noted that in prior UR there have been partial certification for Norco previously (12/11/2012). The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant

improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. This injured worker remains off work, and there is no clear functional improvement or improvement in pain symptoms from the use of Norco. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 150 ER #30 is determined to not be medically necessary.

Terocin Patches, QTY: 20.00: Overturned

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

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

Decision rationale: The claims administrator refers to Terocin lotion, which is different from the Terocin patch. Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4%, and lidocaine 4%. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines recommend the use of topical lidocaine primarily for peripheral neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. In this case, the use of Terocin patch is recommended by the guidelines. The request for Terocin Patches, Qty: 20.00 is determined to be medically necessary.

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The claims administrator reports that the low back is not one of the accepted body parts in this case. It is also noted that in prior UR a request for MRI of the lumbar spine had not been approved. The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. It is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or

fracture is strongly suspected, and x-rays are negative. The request for MRI of lumbar spine without contrast is determined to not be medically necessary.

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The claims administrator reports that the low back is not one of the accepted body parts in this case. It is also noted that in prior UR a request for EMG of the lower extremities had not been approved. Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. This injured worker was injured over four years ago and there is no indication that her low back problems are associated with this injury. The request for EMG right lower extremity is determined to not be medically necessary.

EMG of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The claims administrator reports that the low back is not one of the accepted body parts in this case. It is also noted that in prior UR a request for EMG of the lower extremities had not been approved. Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. This injured worker was injured over four year ago and there is no indication that her low back problems are associated with this injury. The request for EMG left lower extremity is determined to not be medically necessary.

Low back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short term use of a lumbar support for symptom

relief. The lumbar spine brace is being prescribed to improve support and keep the injured worker at work with the same restrictions. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for lumbar spine brace is determined to not be medically necessary.

Hot/Cold therapy unit with supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 9th edition (web).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Cold/heat Packs section.

Decision rationale: The MTUS Guidelines do not address the use of hot/cold therapy unit. The ODG recommends the use of cold and hot packs as an option for acute pain. At-home local applications of cold packs in the first few days of an acute complaint and thereafter applications of heat or cold packs. Per the claims administrator, the low back is not a body part that has been accepted as part of this claim. The request for hot/cold therapy unit with supplies is determined to not be medically necessary.

Flexeril 7.5mg, QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 7.5 mg, Qty: 60 is determined to not be medically necessary.