

Case Number:	CM13-0072413		
Date Assigned:	01/08/2014	Date of Injury:	04/08/2011
Decision Date:	07/18/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/31/2013

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 and is licensed to practice in Illinois. 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 injured worker is a 59-year-old male who reported an injury on 04/08/2011. The mechanism of injury was a fall onto the left elbow and right hand. Within the clinical note dated 12/09/2013, the injured worker complained of pain in the right wrist. He reported persistent pain, weakness, numbness, and tingling. The injured worker noted the exercises at home was helpful but caused his pain to increase. Upon the physical exam, the provider noted tenderness along the left elbow and wrist, as well as right wrist along the wrist joint. The diagnoses include elbow dislocation with fracture along the clinoid and capitellum, and hypertension. The injured worker requested Protonix, Naproxen, Terocin patch, replacement of wrist hot/cold wrap, and replacement of a TENS unit. However, a rationale was not provided in the clinical documentation. The request for authorization was provided and dated 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20 MG, QUANTITY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms And Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The request for Protonix 20 mg #60 is not medically necessary. The injured worker complained of pain to the right wrist. He reported persistent pain with weakness, numbness and tingling. The injured worker noted exercise was helpful but caused increased pain. The California MTUS Guidelines note proton pump inhibitors such as Protonix are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65, a history of peptic ulcer, GI bleeding or perforation, the use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, and adding an H2 receptor antagonist or proton pump inhibitor. There was a lack of documentation indicating the injured worker to be at risk for a gastrointestinal event or cardiovascular disease. The clinical documentation submitted did not indicate the injured worker has a history of peptic ulcer, gastrointestinal bleed, or perforation. Additionally, there was a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request submitted failed to provide the frequency of the medication. Therefore, the request for Protonix 20 mg #60 is not medically necessary.

NAPROXEN SODIUM 550 MG, QUANTITY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66-67.

Decision rationale: The request for naproxen sodium 550 mg #60 is not medically necessary. The injured worker complained of pain to the right wrist. He reported persistent pain with weakness, numbness, and tingling. The injured worker noted exercise was helpful but caused increased pain. The California MTUS Guidelines note naproxen is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The guidelines also recommend naproxen at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renal vascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for those with moderate to severe pain. There is no evidence to recommend 1 drug class over the other based on efficacy. There was a lack of documentation indicating objective symptoms of osteoarthritis and tendinitis of the knee for the injured worker. It appears the injured worker had been utilizing the medication since 12/2013. There was a lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant objective functional improvement. The request failed to provide the frequency of the medication. Therefore, the request for naproxen sodium 550 mg #60 is not medically necessary.

TEROCIN PATCH, QUANTITY 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The request for Terocin patch #20 is not medically necessary. The injured worker complained of pain to the right wrist. He reported persistent pain with weakness, numbness and tingling. The injured worker noted exercise was helpful but caused increased pain. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines note any compounded product that contains 1 drug (or drug class) that is not recommend, is not recommended. Topical analgesics are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow and other joints that are amenable to topical treatment. The guidelines recommend for topical analgesics a short-term use of 4 to 12 weeks. The guidelines note topical Lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical Lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan use status by the FDA for neuropathic pain. There was a lack of documentation indicating the injured worker to have signs and symptoms of osteoarthritis. There was a lack of documentation indicating the injured worker to be diagnosed with neuropathic pain. There is also a lack of documentation indicating the injured worker to have tried and failed on first-line agents for the management of neuropathic pain. Additionally, the injured worker had been utilizing the medication for an extended period of time since at least 12/2013, which exceeds the guideline's recommendations of 4 to 12 weeks. The request submitted failed to provide the frequency of the medication. Therefore, Terocin patch is not medically necessary.

REPLACEMENT OF WRIST HOT/COLD WRAP: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: The request for replacement of wrist hot/cold wrap is not medically necessary. The injured worker complained of pain to the right wrist. He reported persistent pain with weakness, numbness and tingling. The injured worker noted exercise was helpful but caused increased pain. The California MTUS/ACOEM note at-home local application of cold packs for the first few days of acute complaints, and thereafter applications of heat. The guidelines recommend cold packs only for the first few days of acute complaints; thereafter, application of heat packs. The request submitted does not specify which wrist the treatment should be used for. Additionally, it does not recommend the use of a cold wrap after the first few days of acute complaints. Therefore, the request for replacement of a hot/cold wrap is not medically necessary.

REPLACEMENT OF TENS UNIT: Upheld

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

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

Decision rationale: The request for replacement of a TENS unit is not medically necessary. The injured worker complained of pain to the right wrist. He reported persistent pain with weakness, numbness and tingling. The injured worker noted exercise was helpful but caused increased pain. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The guidelines note documentation of pain of at least 3 months' duration and evidence that other appropriate pain modalities have been tried and failed, including medications. Ongoing pain management should be documented during the trial, including medication usage. There is a lack of documentation indicating that the injured worker had an adequate 1 month trial of the TENS unit. There is a lack of documentation indicating significant deficits upon the physical exam. The injured worker's previous course of conservative care was not provided. Therefore, the request for replacement of the TENS unit is not medically necessary.