

<b>Case Number:</b>	CM14-0006113		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	11/09/2008
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 elbow and shoulder pain reportedly associated with an industrial injury of November 9, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; earlier elbow surgery in 2010, earlier shoulder surgery in 2008; transfer of care to and from various providers in various specialties; a TENS unit; topical agents; long and short acting opioids; and extensive periods of time off of work. In a utilization review report of December 16, 2013, the claims administrator denied a request for elbow MRI imaging, Lidoderm patches, Protonix, LidoPro lotion, and Terocin patches while approving, Norco, OxyContin, Cialis, Neurontin, and Naprosyn. The claims administrator, it is incidentally noted, cited non-MTUS 2004, chapter 10, ACOEM Practice Guidelines and mistakenly labeled the same as originating from the MTUS. The applicant's attorney subsequently appealed. Subsequent progress note dated March 26, 2014 is notable for comments that the applicant has persistent elbow pain complaints. The applicant apparently had an unremarkable elbow MRI dated January 5, 2014, but apparently contests the results of this MRI, stating that he was unable to complete the MRI and that the images were reportedly compromised. The applicant has persistent numbness, tingling, and paresthesias about the elbow and difficulty gripping, grasping, and holding objects. The applicant is having difficulty doing heavy lifting. The applicant is having derivative issues with depression, stress, and insomnia, it is stated. The applicant exhibits limited elbow range of motion with extension to -30 degrees noted and tenderness appreciated about the biceps tendon. The applicant is not currently working and is receiving both Workers' Compensation benefits and Social Security Disability Insurance (SSDI) benefits, it is stated. The applicant is given refills of Norco, OxyContin, Cialis, Lidoderm, Protonix, Neurontin, and Naprosyn. It is stated that the applicant has a history of gastritis and is using Protonix for the same. An earlier note of January 7, 2014 was

again notable for comments that the applicant was having difficulty with gripping, grasping, and lifting. The applicant was able to cook but was having difficulty doing chores at home. The applicant is also having tingling and paresthesias about the thumb, index finger, and digits. The applicant was not working. Limited elbow range of motion was noted. The elbow MRI imaging was sought at that point.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MAGNETIC RESONANCE IMAGING OF RIGHT ELBOW QUANTITY: 1.00:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 33.

**Decision rationale:** As noted in the 2007, ACOEM Practice Guidelines, Elbow Complaints Chapter, page 33, criteria for pursuit of imaging studies include evidence of failure to progress in a rehabilitation program, evidence of significant tissue insult or neurologic dysfunction, which is shown to be correctable by surgical treatment, and agreement by the applicant to undergo surgical treatment if a correctable lesion is found. In this case, the applicant had seemingly tried, failed, and exhausted various other treatments, including oral pharmaceuticals, earlier surgery, long- and short-acting opioids, etc. The applicant had significant signs and symptoms of tissue dysfunction, including markedly limited elbow range of motion. Elbow MRI imaging could potentially alter the treatment plan and was/is therefore medically necessary, for all the stated reasons. Therefore, the original utilization review decision is overturned. The request is medically necessary.

#### **LIDODERM PATCH 5% QUANTITY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Section Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine/Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicant's in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant is seemingly using the first line anticonvulsant medication, Neurontin, with reportedly good effect. The claims administrator approved Neurontin, effectively obviating the need for the proposed Lidoderm patches. Therefore, the request is not medically necessary.

#### **PROTONIX 20MG QUANTITY: 60.00: Overtured**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI), Symptoms & Cardiovascular Risk.

**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, proton-pump inhibitor such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, as is present here. The applicant is described on multiple occasions having stomach upset and dyspepsia associated with medication consumption, specifically Naprosyn consumption, usage of Protonix, a proton-pump inhibitor, to combat the same is indicated and appropriate. Therefore, the request is medically necessary, on independent medical review.

**LIDO PRO LOTION 4 OUNCES QUANTITY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**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 Practice Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's seemingly successful usage of multiple first line oral pharmaceuticals, including Naprosyn, Norco, OxyContin, Neurontin, etc., effectively obviates the need for topical agents such as LidoPro, which are deemed, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not medically necessary.

**TEROCIN PATCHES QUANTITY: 20.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 112-13.

**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:** MTUS Guideline in ACOEM Practice Guidelines Chapter 3 deems oral pharmaceuticals the most appropriate first-line palliative method. In this case, the applicant's seemingly successful usage of multiple first line oral pharmaceuticals, including Neurontin, Norco, Naprosyn, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agent such as Terocin. Therefore, the request is likewise not medically necessary, on independent medical review.