

<b>Case Number:</b>	CM14-0108845		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine and Rehabilitation 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:

This 45 year old female sustained a work related injury on 05/15/2013. An MRI of the neck performed on 11/07/2013 revealed: 1. C5-C6 disc degeneration, posterior annular bulge and left paracentral disc osteophyte complex measuring approximately 3 mm. 2. C6-C7 disc desiccation broad-based disc bulge measuring 2-3 mm. 3. Uncovertebral osteophytosis and facet arthropathy causing moderate to severe left C5-C6 and mild bilateral C6-C7 and left C7-T1 neural foraminal stenosis. 4. Loss of normal curvature with straightening of the spine. 5. No canal stenosis or cord compression. No obvious myelopathy. Motion artifacts noted through the cord. 6. Mild paranasal sinusitis. According to a Qualified Medical Examination dated 04/29/2014, the injury occurred when the injured worker was loading a dishwasher and she picked up a mixing bowl weighing approximately 50 lbs. with an onset of pain in her right upper extremity. Three days following the initial injury, the injured worker developed neck pain also. According to the provider, treatments have included physical therapy, hot wax treatment and several months of acupuncture and chiropractic treatment. The injured worker reported that the treatments were of no benefit. As of an office visit on 05/19/2014, the injured worker continued to complain of neck pain that radiated to the right upper extremity and right wrist with numbness and tingling. Pain level was noted to be 10 out of a scale of 1-10. According to the provider, the injured worker had been taking Topiramate with mild neuropathy symptom relief and noted that TENS helped with pain. Medications were noted to help with pain about 20-30 percent and maintain her activities of daily living. She has been using a right wrist brace for carpal tunnel syndrome and tenosynovitis for support and was helpful. The injured worker reported increased pain. Diagnoses included cervical sprain/strain neck, carpal tunnel syndrome, tenosynovitis wrist or hand and cervical radiculopathy right sided. Physical examination revealed cervical tenderness upon palpation, positive Finkelstein of the right wrist and positive Phalen's. Plan of care

included Toradol Injection, Tramadol, Lidopro ointment, TENS patch, discontinue Cyclobenzaprine, continue self-care and TENS, continue wearing wrist brace at night time for carpal tunnel syndrome and return to clinic in 4 weeks. Work restrictions included no lifting over 5 lbs., no repetitive bending or stooping, no heavy and repetitive pushing or pulling. On 05/22/2014, an MRI of the right wrist revealed: 1. mild extensor carpi ulnar tendinosis. The tendons and retinacular were otherwise normal. 2. There is degeneration of the triangular fibrocartilage with central thinning but no visible tear. 3. Scapholunate ligament degeneration. No visible tear. On June 24, 2014 Utilization Review non-certified Lidopro Ointment 121gm, Omeprazole 20mg Qty 60 and TENS patches 2 pair that was requested on 06/17/2014. According to the Utilization Review physician, in regards to Lidopro Ointment, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation that there has been failure of first line therapy. In regards to Omeprazole, the injured worker is not at intermediate risk of a gastrointestinal event as outlined by MTUS guidelines. In regards to TENS patches, there was no indication that other pain modalities have been failed or that it is to be used as an adjunct to a program of evidence based functional restoration. The decision was appealed for an Independent Medical Review.

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

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

**Lidopro Ointment 121gm:** 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): 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2013 without documented functional improvement from treatment already rendered. The Lidopro Ointment 121gm is not medically necessary and appropriate.

**Omeprazole 20mg, qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

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

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hyper secretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Omeprazole 20mg, qty 60 is not medically necessary and appropriate.

**Tens patches 2 pair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Chronic pain Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has chronic condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is being used, nor is there any documented short-term or long-term goals of treatment with the TENS unit. The patient has no evidence for change in work status, increased in ADLs (activities of daily living), decreased VAS (visual analog scale) score, medication usage, or treatment utilization from the TENS treatment already rendered. The Tens patches 2 pair is not medically necessary and appropriate.