

<b>Case Number:</b>	CM14-0132343		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 & Rehabilitation, Pain 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 injured worker is a 54-year-old male who reported an injury on 05/12/2014. The mechanism of injury was a fall. In the clinical note dated 05/15/2014 it was reported the injured worker complained of left knee pain, left hip pain, left shoulder pain, bruising along the rib and chondrosternal and sternum, left chest and left axillary region. He complained of loss of memory. The injured worker complained of headaches. The injured worker complained of pain to the neck, mid to low back extending into the left buttock. He rated his pain 7/10 in severity with his medication, and 8/10 to 9/10 in severity without medication. Upon the physical examination the provider noted the cervical range of motion revealed flexion guarded at 45 out of 60 degrees, and extension at 45 out of 50 degrees. The provider noted the injured worker had tenderness to palpation of the paravertebral muscles and spasms along the cervicothoracic junction. The provider indicated the injured worker had a negative Lasegue's test. The request submitted is for hot/cold compression, TENS unit, TENS pad, LidoPro lotion, Terocin patches, Protonix, an EMG, Flexeril, and 1 neurological consultation. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 06/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 hot and cold compression unit with garment for shoulder and knee: 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), Shoulder (Acute & Chronic) Shoulder. Cold Compression therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Leg, Cold/Heat Packs

**Decision rationale:** The request for 1 hot and cold compression unit with garment for shoulder and knee is not medically necessary. The Official Disability Guidelines recommend cold/heat packs. Ice massage compared to control had a statistically beneficial effect on range of motion, function and knee strength. Cold packs decreased swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. Ice packs did not affect pain significantly compared to control in patients with osteoarthritis. The guidelines note there is no beneficial effect for edema with hot packs. The provider failed to document a rationale for warranting the request for the hot and cold compression unit. There's lack of documentation indicating the injured worker had swelling to the affected area. Therefore, the request is not medically necessary.

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

**Decision rationale:** The request for a TENS Unit is not medically necessary. 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 nonconservative option, if used as an adjunct to a program of evidence-based functional restoration. There is evidence that other appropriate pain modalities have been tried and failed including medication. There is lack of documentation indicating whether the provider is requesting the TENS unit for rental or purchase. There is lack of documentation indicating the injured worker had tried and failed on conservative therapy. The provider failed to document a treatment site in the request. Therefore, the request is not medically necessary.

**TENS pad:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As a request for the TENS unit has not been approved, the request for TENS pad is also not medically necessary.

**LidoPro lotion 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical: Capsaicin, topical: Salicylate topicals:.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The request for LidoPro lotion 4oz is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis, and tendonitis, in particular that of the knee and/or elbow or other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time. Therefore, the request is not medically necessary.

**Terocin patches #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The request for Terocin patches #20 is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis, and tendonitis, in particular that of the knee and/or elbow or other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time. Therefore, the request is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Proton pump inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Protonix 20mg #60 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Protonix are recommended for injured worker's at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated with taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonists or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significance functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

**1 EMG of the bilateral upper extremities:** 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): 268-269.

**Decision rationale:** The request for 1 EMG of the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines recommend an electromyography in cases of peripheral nerve impingement. If no impingement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The medical documentation lacks evidence of weakness and numbness that would indicate peripheral nerve impingement. There is lack of documentation of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants: Flexeril (Cyclobenzaprine):.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The request for Flexeril 7.5mg #60 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended for use longer than 2 to 3 weeks. The injured worker has been utilizing the medication since at least 05/2014 which exceeds the guidelines recommendations of short use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy

of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

**1 neurological consultation: 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), Head (trauma, headaches, etc., not including stress & mental disorders) Concussion/TBI treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163

**Decision rationale:** The request for 1 neurological consultation is not medically necessary. The California MTUS/ACOEM Guidelines state that consultation is intended to aid in assessing the diagnoses, prognosis, therapeutic management, determination of medical stability, and permanent residual losses and/or examinee's fitness for return to work. There's a lack of clinical documentation on the neurological exam which would aid the provider's determination of the prognosis and therapeutic management and determination of medical stability for the injured worker. The provider failed to document a rationale for the support of a consultation. Therefore, the request is not medically necessary.