MAXIMUS Federal Services

Case Number:	CM14-0133560		
Date Assigned:	08/27/2014	Date of Injury:	06/11/2002
Decision Date:	10/21/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/21/2014

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 Internal 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 70 year old female who sustained an injury on 06/11/02. The injured worker has been followed for ongoing complaints of left knee, neck, and low back pain. The injured worker has utilized medications to include narcotics for pain control. The injured worker has used bracing in the past. Other treatment has included viscosupplementation and corticosteriod injections in the past. Prior EMG/NCS studies have noted left sided carpal tunnel syndrome. As of 08/08/14, the injured worker continued to report pain in the left knee, neck, and low back. The physical exam at this evaluation noted some loss of range of motion in the left wrist, neck, and lumbar spine. The requested use of traction, laboratory studies, MRI of the left wrist, and medications were denied on 07/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neck Traction with Air Bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck Cervical Traction

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Traction

Decision rationale: Based on the clinical information provided, the injured worker does not present with updated physical exam findings consistent with cervical radiculopathy which would support the use of a cervical traction system as recommended by current evidence based guidelines. There is no indication that this traction would be combined with an active physical therapy program. As such, this reviewer would not recommend this request as medically necessary.

CMP, CBC, UA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lab Monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Current Medical Diagnosis and Treatment, 2012. Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497

Decision rationale: In review of the clinical documentation provided, there is no current indication for laboratory studies. The injured worker does not present with any exam findings consistent with infection or other concerns regarding system conditions that would require laboratory studies. The injured worker is not taking long term NSAIDs and no other specific rationale for this request was noted. As such, this reviewer would not recommend this request as medically necessary.

MRI Left Wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, MRI

Decision rationale: The requested MRI for the left wrist would not be supported based on review of the clinical records provided. The most recent physical exam findings did not identify any evidence of instability, recent trauma or non-diagnostic plain films that would support MRI studies at this point in time. As such, this reviewer would not recommend this request as medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-68.

Decision rationale: In regards to the use of Naproxen 550mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: In regards to the use of Protonix 20mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.

Trazadone 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressants for Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment

Decision rationale: In regards to the use of Trazodone 50mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical documentation provided did not discuss the specific benefits obtained with this medication in terms of improvement in the injured worker's sleep. No objective findings were

noted and there was no recent Insomnia Index Score. As such, this reviewer would not recommend this request as medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Flexeril 7.5mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended the ongoing use of this medication.

Terocin Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: In regards to the use of Terocin topical analgesics, this reviewer would not have recommended this request as medically appropriate. Terocin contains Capzasin which can be considered an option in the treatment of neuropathic pain. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Therefore, this reviewer would not recommend this request as medically appropriate.

Lidopro Cream X 1 Bottle: 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 Analgesics Page(s): 111-113.

Decision rationale: In regards to the use of Lidopro topical analgesics, this reviewer would not have recommended this request as medically appropriate. Lidopro contains Lidocaine which can be considered an option in the treatment of neuropathic pain. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Therefore, this reviewer would not recommend this request as medically appropriate.